

Health and Human Services Appropriations Bill House File 766

Last Action:

Final Action

April 27, 2019

An Act relating to appropriations for health and human services and veterans and including other related provisions and appropriations, providing penalties, and including effective date and retroactive and other applicability date provisions.

**Fiscal Services Division
Legislative Services Agency**

NOTES ON BILLS AND AMENDMENTS (NOBA)

Available online at www.legis.iowa.gov/publications/information/appropriationBillAnalysis

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FUNDING SUMMARY

General Fund FY 2020: Appropriates a total of \$1,937.2 million from the General Fund and 4,606.5 full-time equivalent (FTE) positions to the Department on Aging (IDA); the Department of Public Health (DPH); the Department of Human Services (DHS); the Department of Veterans Affairs (IVA); and the Iowa Veterans Home (IVH). This is a decrease of \$34.9 million and an increase of 255.9 FTE positions compared to estimated net FY 2019.

General Fund Supplemental Appropriation for FY 2019: Provides a supplemental appropriation of \$150.3 million for the Medicaid Program in FY 2019.

Other Funds FY 2020: Appropriates a total of \$431.8 million from other funds. This is an increase of \$18.7 million compared to estimated net FY 2019.

Other Funds Supplemental Appropriations for FY 2019: Provides a net increase of \$251,000 in other fund appropriations for FY 2019. The changes include various adjustments to the Temporary Assistance for Needy Families (TANF) appropriations.

Standing Appropriations FY 2020: In addition to the appropriations in this Bill, the attached tracking includes the following standing appropriations that are automatically appropriated in statute:

- \$224,000 to the DPH for the Center for Congenital and Inherited Disorders Central Registry.
- \$233,000 to the DHS for Child Abuse Prevention.
- \$1,400 to the DHS for the Commission of Inquiry.
- \$143,000 to the DHS for Nonresident Mental Illness Commitment.

NEW PROGRAMS, SERVICES, OR ACTIVITIES

Department of Public Health

Children's Behavioral Health Hotline: Allocates a total of \$338,000, which includes a transfer of \$32,000 from the DHS, and directs the DPH, in collaboration with the DHS, to expand the Your Life Iowa information referral service to include information on the Iowa Children's Behavioral Health System.

Page 6, Line 18

Psychiatric Residencies: Allocates \$400,000 to create and train four psychiatric residents per year to provide mental health services in underserved areas of the State.

Page 13, Line 28

Psychiatric Training: Allocates \$150,000 for psychiatric training for physician assistants and nurse

Page 13, Line 33

practitioners.

Department on Aging

Pre-Medicaid Pilot Project: Allocates \$250,000 to continue and expand a Pre-Medicaid Pilot Project that aims to keep individuals in the community and out of long-term care facilities following a nursing facility stay.

Page 4, Line 4

MAJOR INCREASES/DECREASES/TRANSFERS OF EXISTING PROGRAMS

Department on Aging: Appropriates a total of \$11.2 million from the General Fund and 27.0 FTE positions. This is a net increase of \$149,000 and 9.0 FTE positions compared to estimated net FY 2019.

Page 2, Line 1

Office of Long-Term Care Ombudsman: Appropriates a total of \$1.1 million from the General Fund and 16.0 FTE positions. This is no change in funding and an increase of 5.0 FTE positions compared to estimated net FY 2019.

Page 4, Line 15

Department of Public Health: Appropriates a total of \$55.5 million from the General Fund and 198.0 FTE positions. This is a net increase of \$620,000 and 2.5 FTE positions compared to estimated net FY 2019. The significant changes include:

Page 4, Line 28

- An increase of \$306,000 for the Addictive Disorders appropriation.
- A decrease of \$4,000 for the Healthy Children and Families appropriation.
- A decrease of \$305,000 for the Chronic Conditions appropriation.
- An increase of \$625,000 for the Community Capacity appropriation.
- A decrease of \$2,000 for the Public Protection appropriation.

Department of Veterans Affairs: Appropriates a total of \$11.4 million from the General Fund and 15.0 FTE positions. This is an increase of \$75,000 and 1.5 FTE positions compared to estimated net FY 2019.

Page 16, Line 28

Department of Human Services: Appropriates a total of \$1,858.0 million from the General Fund and 4,350.5 FTE positions. This is a net decrease of \$35.7 million and an increase of 237.9 FTE positions compared to estimated net FY 2019. Significant changes include:

Page 18, Line 10

- A decrease of \$1,000 for the Family Investment Program (FIP)/PROMISE JOBS appropriation.
- An increase of \$163,000 for the Child Support Recovery Unit appropriation.
- A decrease of \$60.8 million for the Medicaid appropriation. This comparison is after the \$150.3 million FY 2019 supplemental appropriation.

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- An increase of \$1.4 million for the Medical Contracts appropriation.
- A decrease of \$2.4 million for the State Supplementary Assistance appropriation.
- An increase of \$12.3 million for the State Children's Health Insurance Program appropriation.
- An increase of \$1.2 million for the State Training School at Eldora.
- An increase of \$4.1 million for the Child and Family Services appropriation.
- An increase of \$151,000 for the Adoption Subsidy appropriation.
- A combined increase of \$2.0 million for the two Mental Health Institute (MHI) appropriations.
- A combined decrease of \$1.3 million for the two State Resource Center appropriations.
- An increase of \$1.2 million for the Civil Commitment Unit for Sexual Offenders (CCUSO) appropriation.
- An increase of \$6.3 million for the Field Operations appropriation.

Temporary Assistance for Needy Families (TANF) Federal Block Grant: Appropriates \$130.5 million for various DHS programs. This is no change compared to estimated net FY 2019.

Page 18, Line 12

Health Care Trust Fund: Appropriates \$208.5 million for the Medicaid Program. This is a decrease of \$1.3 million compared to estimated net FY 2019.

Page 28, Line 9

Medicaid Fraud Fund: Appropriates \$75,000 for the Medicaid Program. This is a decrease of \$425,000 compared to estimated net FY 2019.

Page 28, Line 18

Pharmaceutical Settlement Account: Appropriates \$234,000 for Medical Contracts. This is a decrease of \$1.2 million compared to estimated net FY 2019.

Page 66, Line 17

Quality Assurance Trust Fund: Appropriates \$58.6 million for the Medicaid Program. This is an increase of \$21.9 million compared to estimated net FY 2019.

Page 66, Line 28

Hospital Health Care Access Trust Fund: Appropriates \$33.9 million for the Medicaid Program. This is no change compared to estimated net FY 2019.

Page 67, Line 5

CHANGES TO PRIOR APPROPRIATIONS

Department of Human Services

Group Foster Care Reallocation: Amends the allocation from the FY 2019 General Fund appropriation for Child and Family Services for Group Foster Care to expand the list of other permissible services to include family foster care, independent living, and family safety, risk, and permanency services.

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Shelter Care Allocation: Amends the allocation from the FY 2019 General Fund appropriation for Child and Family Services for shelter care and child welfare emergency services by removing the financial limitation.

Page 80, Line 9

Other Funding for Child and Family Services: Amends the FY 2019 General Fund appropriation for Child and Family Services to specify that if other funding is available, the allocations of State funds in this Section may be substituted with the other funding source.

Page 80, Line 19

FY 2019 Non-Reversion: Provides non-reversion language for the appropriations to the Family Investment Program, State Resource Centers, Field Operations, General Administration, and State Supplementary Assistance to be used for technology needs and transfers to DHS facilities.

Page 116, Line 35

STUDIES AND INTENT

Department of Human Rights

Transfer of Juvenile Justice Programs: Requires the Division of Criminal and Juvenile Justice Planning (CJJP) of the Department of Human Rights to convene a work group to review and develop a plan to transfer graduated sanctions and court-ordered services funding, and oversight of group foster care placements, from DHS to the Office of the State Court Administrator or other appropriate State entity by July 1, 2021. A report is due to the Governor and the General Assembly by December 15, 2019.

Page 67, Line 29

Department of Human Services

Request for Proposal (RFP) Outcomes: Requires the DHS to report to the chairpersons and ranking members of the Health and Human Services Appropriations Subcommittee, the Legislative Services Agency (LSA), and the Department of Management (DOM) by December 15, 2019, regarding the outcomes of any program or activity awarded through the RFP process.

Page 64, Line 14

Contracted Services Prohibited Use of Funding: Requires the DHS to prohibit General Fund appropriations or allocations awarded be used for lobbying activities. Lobbyist does not include Executive Branch liaisons.

Page 64, Line 20

Managed Care Contracts Notification: Requires the DHS to notify the chairpersons and ranking members of the Health and Human Services Appropriations Subcommittee, the LSA, and caucus staff within 30 days of execution or amendment of an MCO contract, and within 30 days of determining the incentive payment withhold amount.

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Medicaid Claiming: Requires the DHS and the IDA to continue to collaborate to develop a cost allocation plan requesting federal financial participation for the Aging and Disability Resource Center (ADRC) activities.

Page 72, Line 9

Uniform Medicaid Prior Authorization Process: Requires the DHS to adopt rules requiring both managed care and fee-for-service systems to utilize a uniform process for prior authorization requests under Medicaid beginning October 1, 2019.

Page 83, Line 9

Medicaid Prior Authorization Portal: Requires the DHS to review costs associated with expanding the Medicaid Management Information System to integrate a single statewide system to serve as a central portal for the submission of all prior authorization requests under Medicaid. The results of the study are to be submitted to the Governor and the General Assembly by March 31, 2020.

Page 83, Line 19

Medicaid for Lawfully Admitted Pregnant Women: Adds language requesting a waiver from the Center for Medicare and Medicaid Services (CMS) to provide Medicaid coverage for pregnant women lawfully admitted for permanent residence in the United States without waiting the five-year waiting period.

Page 97, Line 24

Medicaid MCO Contracts – Liquidated Damages: Requires the DHS to amend the Medicaid MCO contracts to include the assessment of liquidated damages for prior authorization and claims payment system issues that were reported by the MCO to the DHS as corrected but reoccurred within 60 days and assessment of liquidated damages for the failure of an MCO to complete provider credentialing or to accurately load provider rosters as required in the contract.

Page 98, Line 20

Community Adolescent Pregnancy Program: Prohibits funds for the Program from being awarded to an entity that facilitate abortions.

Page 103, Line 17

Department of Public Health

Review of Allocations and Grants: Requires the DPH to work with stakeholders to develop a proposal for distributing funds in a manner more closely aligned with the DPH's stated priorities and goals. A report is due to the Governor and General Assembly by December 15, 2019.

Page 15, Line 32

RFP Outcomes: Requires the DPH to report to the chairpersons and ranking members of the Health and Human Services Appropriations Subcommittee, the LSA, and the DOM by January 1, 2020, regarding the outcomes of any program or activity awarded through the RFP process.

Page 16, Line 10

Contracted Services Prohibited Use of Funding: Requires the DPH to prohibit General Fund

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appropriations or allocations awarded to be used for lobbying activities. "Lobbyist" does not include Executive Branch liaisons.

Enhanced Delivery of Services for Co-Occurring Conditions: Requires the DPH and the DHS to develop recommendations for the enhanced delivery of co-occurring conditions services. The Departments are required to submit a report including findings, a five-year plan, and other recommendations to the Governor and General Assembly by December 15, 2019.

Page 71, Line 13

Distribution of Title X Federal Funds: Directs the DPH to distribute all grant funding received through Title X of the federal Public Health Services Act based on a prioritized schedule of applicants and specifies that funds cannot be distributed to an entity that facilitate abortions.

Page 99, Line 27

Personal Responsibility Education Program: Prohibits the DPH from contracting for this Program with an entity that facilitate abortions.

Page 101, Line 33

SIGNIFICANT CODE CHANGES

Department of Human Rights

Exemption from Required Accommodations or Services: Adds language to specify the Iowa Civil Rights Act of 1965 does not require any State or local government unit or tax-supported district to provide for sex reassignment surgery or any other cosmetic, reconstructive, or plastic surgery procedure related to transsexualism, hermaphroditism, gender identity disorder, or body dysmorphic disorder.

Page 98, Line 7

Department of Human Services

Hospital Health Care Access Assessment: Extends the repeal of the Hospital Health Care Access Assessment Program until the end of FY 2021.

Page 80, Line 34

Polk County MHDS Funding: Allows Polk County to transfer funds from any other fund of the County to the County Mental Health and Disability Services (MHDS) Fund in FY 2020. Polk County is required to submit a report to the Governor and the General Assembly by September 1, 2020, detailing the transfer of funds.

Page 81, Line 5

Hospital Health Care Access Trust Fund: Eliminates the Hospital Health Care Access Trust Fund Board.

Page 85, Line 13

Council on Human Services: Eliminates the Child Support Advisory Committee and the Child Welfare Advisory Committee of the Council on Human Services.

Page 91, Line 23

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Mental Health and Disability Services Commission: Eliminates the Property Tax Relief Fund Risk Pool.	Page 92, Line 3
Children’s Mental Health Waiver Implementation Committee: Eliminates the Committee.	Page 92, Line 5
Medical Assistance Advisory Council (MAAC): Eliminates the Executive Committee of the MAAC Council and limits the voting membership of the Council to ten members.	Page 92, Line 7
Nursing Facility Quality of Care Rate Add-On Program: Creates a Nursing Facility Quality of Care Rate Add-On Program for Non-State Government-Owned Nursing Facilities to provide an add-on payment to nursing facilities for various activities. This Program is intended to be budget neutral to the State.	Page 105, Line 4
Preparation for Adult Living Program: Extends the eligibility for the Program to ages 21 and 22.	Page 114, Line 12
<i>Department of Public Health</i>	
Executive Directors of Licensing Boards: Modifies the appointment of the executive directors for the Board of Medicine, Board of Nursing, Dental Board, and Board of Pharmacy by establishing that the DPH Director will appoint and supervise these positions. Requires the four boards to advise the DPH Director on matters related to the executive directors.	Page 81, Line 19
Iowa Collaborative Safety Net Provider Network: Eliminates the network and makes conforming changes.	Page 85, Line 1
Advisory Committee to the Center for Rural Health and Primary Care: Eliminates the Advisory Committee and makes conforming changes.	Page 88, Line 13
Governmental Public Health Advisory Council: Eliminates the Council and makes conforming changes.	Page 88, Line 29
Patient-Centered Health Advisory Council: Eliminates the Council.	Page 88, Line 35
Office of State Medical Examiner: Combines the State Medical Examiner Advisory Council with the Interagency Coordinating Council.	Page 89, Line 2
Trauma System Advisory Council: Limits membership to seven members selected from a listing of organizations and provides transition provisions.	Page 90, Line 3

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Teleconference Meetings: Requires the DPH to provide for teleconference options for any board, commission, committee, or council member to participate in official meetings.

Page 90, Line 21

Payment of Compensation or Expenses: Eliminates the payment of compensation or expenses for public members of the following:

Page 90, Line 29

- Plumbing and Mechanical Systems Board.
- Child Death Review Team.
- Health Facilities Council.
- Emergency Management Services Advisory Council.
- Early Childhood Iowa State Board.

Health Data Collection and Use: Removes the Iowa Hospital Association (IHA) as the specified intermediary operating the Inpatient Outpatient Data System and permits the DPH to select a contractor through an RFP to act as the DPH's intermediary. The Memorandum of Understanding (MOU) with the IHA is continued until the contractor selected through an RFP process assumes the duties.

Page 99, Line 1

EFFECTIVE DATE

Department of Human Rights

Specifies the provision related to exemptions from required accommodations or services is effective upon enactment.

Page 98, Line 18

Department of Human Services

Specifies the provision directing the State Court Administrator and the Division Administrator of the Child and Family Services Division of the DHS to determine the distribution of funds for the State expenses of court-ordered services for juveniles by June 15, 2019, takes effect upon enactment.

Page 66, Line 5

Specifies the provision transferring decategorization funds to Medicaid that would have previously reverted to the General Fund is effective upon enactment and retroactive to July 1, 2018.

Page 73, Line 1

Specifies the provision amending FY 2019 appropriations is effective upon enactment and retroactive to July 1, 2018.

Page 80, Line 28

Specifies the provision relating to the repeal of the Hospital Health Care Access Provider Assessment is effective upon enactment.

Page 81, Line 3

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Specifies the provisions relating to Medicaid prior authorization takes effect upon enactment. Page 83, Line 32

Specifies the provisions relating to the NSGO Nursing Facility Quality of Care Rate Add-on Program are effective upon enactment. Page 113, Line 32

Specifies the changes to nonreversion of FY 2019 appropriations are effective upon enactment and retroactive to July 1, 2017. Page 120, Line 29

Department of Public Health

Specifies the provision related to sexual education programs and family planning services is effective upon enactment. Page 105, Line 2

Specifies the delay of the repeal for Vaccine and Immunization Administration is effective upon enactment. Page 121, Line 4

House File 766 provides for the following changes to the Code of Iowa.

Page #	Line #	Bill Section	Action	Code Section
80	34	55	Amend	249M.5
81	22	58	Amend	135.11A.1
81	34	59	New	135.11B
82	22	60	Amend	147.80.3
82	29	61	Amend	152.2
83	5	62	Amend	153.33.2
85	2	66	Amend	135.24.7.e
85	10	67	Strike	135.159.1.h
85	12	68	Repeal	135.153
85	14	69	Amend	249M.4
88	15	70	Strike	135.107.5
88	17	71	Amend	262.78.3
88	30	72	Strike	135A.2.2
88	32	73	Strike	135A.9.1
88	34	74	Repeal	135A.4
89	1	75	Repeal	135.159
89	4	76	Amend	691.6B
90	2	77	Repeal	691.6C
90	4	78	Amend	147A.24.2
90	22	80	New	135.11B
90	31	81	Strike	105.3.6
90	33	82	Amend	135.43.2
91	14	83	Strike	135.62.2.e
91	16	84	Amend	147A.3
91	21	85	Strike	256I.3.3
91	27	86	Amend	217.3A.1
92	1	87	Strike	217.3A.3,4
92	3	88	Strike	426B.5.1
92	9	90	Amend	217.3.4
92	28	91	Amend	249A.4B
98	10	93	Add	216.7.3
99	3	96	Amend	135.166.1
105	7	103	Amend	249L.2.7,8
114	14	109	Amend	234.46.1.b

2 1 DIVISION I
 2 2 DEPARTMENT ON AGING — FY 2019-2020
 2 3 Section 1. DEPARTMENT ON AGING. There is appropriated from
 2 4 the general fund of the state to the department on aging for
 2 5 the fiscal year beginning July 1, 2019, and ending June 30,
 2 6 2020, the following amount, or so much thereof as is necessary,
 2 7 to be used for the purposes designated:

2 8 For aging programs for the department on aging and area
 2 9 agencies on aging to provide citizens of Iowa who are 60 years
 2 10 of age and older with case management for frail elders, Iowa's
 2 11 aging and disabilities resource center, and other services
 2 12 which may include but are not limited to adult day services,
 2 13 respite care, chore services, information and assistance,
 2 14 and material aid, for information and options counseling for
 2 15 persons with disabilities who are 18 years of age or older,
 2 16 and for salaries, support, administration, maintenance, and
 2 17 miscellaneous purposes, and for not more than the following
 2 18 full-time equivalent positions:
 2 19 \$ 11,191,441
 2 20 FTEs 27.00

2 21 1. Funds appropriated in this section may be used to
 2 22 supplement federal funds under federal regulations. To
 2 23 receive funds appropriated in this section, a local area
 2 24 agency on aging shall match the funds with moneys from other
 2 25 sources according to rules adopted by the department. Funds
 2 26 appropriated in this section may be used for elderly services
 2 27 not specifically enumerated in this section only if approved
 2 28 by an area agency on aging for provision of the service within
 2 29 the area.

2 30 2. Of the funds appropriated in this section, \$279,000 is
 2 31 transferred to the economic development authority for the Iowa
 2 32 commission on volunteer services to be used for the retired and
 2 33 senior volunteer program.

2 34 3. a. The department on aging shall establish and enforce
 2 35 procedures relating to expenditure of state and federal funds
 3 1 by area agencies on aging that require compliance with both
 3 2 state and federal laws, rules, and regulations, including but
 3 3 not limited to all of the following:
 3 4 (1) Requiring that expenditures are incurred only for goods

General Fund appropriation to the Department on Aging (IDA) for FY 2020.

DETAIL: This is an increase of \$148,517 and 9.00 full-time equivalent (FTE) positions compared to estimated net FY 2019. The changes include the following:

- An increase of \$150,000 to expand the Pre-Medicaid Pilot Project.
- A decrease of \$1,483 due to a general reduction.
- An increase of 9.00 FTE positions to match the FY 2019 authorized amount.

Permits the use of funds appropriated in this Section to supplement federal funds for elderly services if those services are approved by an Area Agency on Aging (AAA). Requires local AAAs to match the funds for aging programs and services.

Requires a transfer of \$279,000 to the Iowa Commission on Volunteer Service in the Iowa Economic Development Authority for the Retired and Senior Volunteer Program (RSVP).

DETAIL: This is a decrease of \$946 compared to the estimated net FY 2019 allocation due to a general reduction. The RSVP engages adults age 55 years and older in meaningful volunteer opportunities.

Requires the IDA to establish and enforce procedures related to expenditures of State and federal funds and to comply with both State and federal law. An AAA is liable for any expenditures that are not in compliance with the law.

3 5 or services received or performed prior to the end of the
3 6 fiscal period designated for use of the funds.
3 7 (2) Prohibiting prepayment for goods or services not
3 8 received or performed prior to the end of the fiscal period
3 9 designated for use of the funds.
3 10 (3) Prohibiting prepayment for goods or services not
3 11 defined specifically by good or service, time period, or
3 12 recipient.
3 13 (4) Prohibiting the establishment of accounts from which
3 14 future goods or services which are not defined specifically by
3 15 good or service, time period, or recipient, may be purchased.
3 16 b. The procedures shall provide that if any funds are
3 17 expended in a manner that is not in compliance with the
3 18 procedures and applicable federal and state laws, rules, and
3 19 regulations, and are subsequently subject to repayment, the
3 20 area agency on aging expending such funds in contravention of
3 21 such procedures, laws, rules and regulations, not the state,
3 22 shall be liable for such repayment.

3 23 4. Of the funds appropriated in this section, at least
3 24 \$600,000 shall be used to fund home and community-based
3 25 services through the area agencies on aging that enable older
3 26 individuals to avoid more costly utilization of residential or
3 27 institutional services and remain in their own homes.

3 28 5. Of the funds appropriated in this section, \$812,000 shall
3 29 be used for the purposes of chapter 231E and to administer
3 30 the prevention of elder abuse, neglect, and exploitation
3 31 program pursuant to section 231.56A, in accordance with the
3 32 requirements of the federal Older Americans Act of 1965, 42
3 33 U.S.C. §3001 et seq., as amended.

3 34 6. Of the funds appropriated in this section, \$1,000,000
3 35 shall be used to fund continuation of the aging and disability
4 1 resource center lifelong links to provide individuals and
4 2 caregivers with information and services to plan for and
4 3 maintain independence.

Allocates at least \$600,000 to be used for Home and Community-Based Services (HCBS) provided through AAAs.

DETAIL: This is no change compared to the estimated net FY 2019 allocation.

Allocates \$812,000 for the Office of Public Guardian and for the prevention of elder abuse, neglect, and exploitation.

DETAIL: This is a decrease of \$537 compared to the estimated net FY 2019 allocation due to a general reduction.

The Office of Public Guardian works with individuals who are not capable of making their own decisions about legal, financial, or health care matters. Depending on the situation, the Office may act as an individual's guardian, conservator, attorney-in-fact under a health care power of attorney document, agent under a financial power of attorney document, personal representative, or representative payee.

Allocates \$1,000,000 to continue the LifeLong Links Resource Program.

DETAIL: This is no change compared to the estimated net FY 2019 allocation. LifeLong Links helps to connect older adults, adults with disabilities, veterans, and their caregivers to local service providers who can help these individuals maintain their independence at home or in the community of their choice.

4 4 7. Of the funds appropriated in this section, \$250,000
 4 5 shall be used by the department on aging, in collaboration with
 4 6 the department of human services and affected stakeholders, to
 4 7 expand the pilot initiative to provide long-term care options
 4 8 counseling utilizing support planning protocols, to assist
 4 9 non-Medicaid eligible consumers who indicate a preference
 4 10 to return to the community and are deemed appropriate for
 4 11 discharge, to return to their community following a nursing
 4 12 facility stay. The department on aging shall submit a report
 4 13 regarding the outcomes of the pilot initiative to the governor
 4 14 and the general assembly by December 15, 2019.

Allocates \$250,000 to continue and expand a Pre-Medicaid Pilot Project.

DETAIL: This is an increase of \$150,000 compared to the estimated net FY 2019 allocation. The Project works to keep individuals in the community and out of long-term care facilities following a nursing facility stay. The goal of the Project is to gather data on potential savings to Medicaid and apply for a Section 1115 Medicaid waiver to draw down federal matching funds to expand the Project statewide. The Department is required to submit a report with the outcomes of the Project to the Governor and General Assembly by December 15, 2019.

4 15 DIVISION II
 4 16 OFFICE OF LONG-TERM CARE OMBUDSMAN — FY 2019-2020

4 17 Sec. 2. OFFICE OF LONG-TERM CARE OMBUDSMAN. There is
 4 18 appropriated from the general fund of the state to the office
 4 19 of long-term care ombudsman for the fiscal year beginning July
 4 20 1, 2019, and ending June 30, 2020, the following amount, or
 4 21 so much thereof as is necessary, to be used for the purposes
 4 22 designated:

General Fund appropriation to the Office of Long-Term Care Ombudsman for FY 2020.

DETAIL: This is no change in funding and an increase of 5.00 FTE positions compared to estimated net FY 2019. The increase in FTE positions is to match the FY 2019 authorized amount.

4 23 For salaries, support, administration, maintenance, and
 4 24 miscellaneous purposes, and for not more than the following
 4 25 full-time equivalent positions:
 4 26 \$ 1,149,821
 4 27 FTEs 16.00

4 28 DIVISION III
 4 29 DEPARTMENT OF PUBLIC HEALTH — FY 2019-2020

4 30 Sec. 3. DEPARTMENT OF PUBLIC HEALTH. There is appropriated
 4 31 from the general fund of the state to the department of public
 4 32 health for the fiscal year beginning July 1, 2019, and ending
 4 33 June 30, 2020, the following amounts, or so much thereof as is
 4 34 necessary, to be used for the purposes designated:

4 35 1. ADDICTIVE DISORDERS

General Fund appropriation to Addictive Disorders programs.

5 1 For reducing the prevalence of the use of tobacco, alcohol,
 5 2 and other drugs, and treating individuals affected by addictive
 5 3 behaviors, including gambling, and for not more than the
 5 4 following full-time equivalent positions:
 5 5 \$ 25,110,000
 5 6 FTEs 12.00

DETAIL: This is an increase of \$305,656 and 1.00 FTE position compared to estimated net FY 2019. Changes include:

- An increase of \$306,000 and 1.00 FTE position to expand the Your Life Iowa treatment information service to include information on the Iowa Children's Behavioral Health System.
- A decrease of \$344 due to a general reduction.

5 7 a. (1) Of the funds appropriated in this subsection,

Allocates \$4,021,000 for tobacco use prevention and control initiatives,

5 8 \$4,021,000 shall be used for the tobacco use prevention
 5 9 and control initiative, including efforts at the state and
 5 10 local levels, as provided in chapter 142A. The commission
 5 11 on tobacco use prevention and control established pursuant
 5 12 to section 142A.3 shall advise the director of public health
 5 13 in prioritizing funding needs and the allocation of moneys
 5 14 appropriated for the programs and initiatives. Activities
 5 15 of the programs and initiatives shall be in alignment with
 5 16 the United States centers for disease control and prevention
 5 17 best practices for comprehensive tobacco control programs that
 5 18 include the goals of preventing youth initiation of tobacco
 5 19 usage, reducing exposure to secondhand smoke, and promotion
 5 20 of tobacco cessation. To maximize resources, the department
 5 21 shall determine if third-party sources are available to
 5 22 instead provide nicotine replacement products to an applicant
 5 23 prior to provision of such products to an applicant under
 5 24 the initiative. The department shall track and report to
 5 25 the individuals specified in this Act, any reduction in
 5 26 the provision of nicotine replacement products realized by
 5 27 the initiative through implementation of the prerequisite
 5 28 screening.

5 29 (2) (a) The department shall collaborate with the
 5 30 alcoholic beverages division of the department of commerce for
 5 31 enforcement of tobacco laws, regulations, and ordinances and to
 5 32 engage in tobacco control activities approved by the division
 5 33 of tobacco use prevention and control of the department of
 5 34 public health as specified in the memorandum of understanding
 5 35 entered into between the divisions.

6 1 (b) For the fiscal year beginning July 1, 2019, and ending
 6 2 June 30, 2020, the terms of the memorandum of understanding,
 6 3 entered into between the division of tobacco use prevention
 6 4 and control of the department of public health and the
 6 5 alcoholic beverages division of the department of commerce,
 6 6 governing compliance checks conducted to ensure licensed retail
 6 7 tobacco outlet conformity with tobacco laws, regulations, and
 6 8 ordinances relating to persons under 18 years of age, shall
 6 9 continue to restrict the number of such checks to one check per
 6 10 retail outlet, and one additional check for any retail outlet
 6 11 found to be in violation during the first check.

6 12 b. (1) Of the funds appropriated in this subsection,
 6 13 \$21,089,000 shall be used for problem gambling and
 6 14 substance-related disorder prevention, treatment, and recovery
 6 15 services, including a 24-hour helpline, public information
 6 16 resources, professional training, youth prevention, and program
 6 17 evaluation.

including Community Partnerships. Requires activities of the Commission on Tobacco Use Prevention and Control to align with U.S. Centers for Disease Control and Prevention (CDC) best practices. Requires a report on any reduction in providing nicotine replacement products realized by screening for third-party sources of funding for the nicotine replacement products.

DETAIL: This is a decrease of \$225 compared to the estimated net FY 2019 allocation due to a general reduction. The Commission on Tobacco Use Prevention and Control works to reduce tobacco use and the toll of tobacco-related diseases and death by preventing youth from starting tobacco use, helping adults and youths quit, and preventing exposure to secondhand tobacco smoke.

Requires the Department of Public Health (DPH) to collaborate with the Alcoholic Beverages Division (ABD) of the Department of Commerce for enforcement of tobacco laws, regulations, and ordinances. Limits tobacco compliance checks by the ABD to one annually per retail outlet and one additional check for any retail outlet found to be in violation during the first check.

Allocates \$21,089,000 for problem gambling and substance abuse treatment and prevention.

DETAIL: This is an increase of \$305,881 compared to the estimated net FY 2019 allocation.

- An increase of \$306,000 for the Your Life Iowa information

referral service.

- A decrease of \$119 due to a general reduction.

The DPH Division of Behavioral Health's Bureau of Substance Abuse works to address prevention and treatment needs by providing focus for training efforts, identifying and securing available grant funding, monitoring grant compliance, and regulating licensure for treatment programs. The Office of Gambling Treatment and Prevention works to reduce the harm caused by problem gambling by funding a range of services.

6 18 (2) Of the amount allocated under this paragraph, \$306,000
6 19 shall be utilized by the department of public health, in
6 20 collaboration with the department of human services, to support
6 21 establishment and maintenance of a single statewide 24-hour
6 22 crisis hotline for the Iowa children's behavioral health system
6 23 that incorporates warmline services which may be provided
6 24 through expansion of existing capabilities maintained by the
6 25 department of public health as required pursuant to 2018 Iowa
6 26 Acts, chapter 1056, section 16.

Requires the DPH to use \$306,000 to expand the Your Life Iowa information referral service to include information on the Iowa Children's Behavioral Health System.

DETAIL: This is a new allocation. Funding will be used for website updates, hotline staffing, and health promotion.

NOTE: The Bill also transfers \$32,000 from the Department of Human Services (DHS) General Administration appropriation to the DPH for the Your Life Iowa expansion. This brings the total funding for the expansion to \$338,000 for FY 2020.

6 27 c. The requirement of section 123.17, subsection 5, is met
6 28 by the appropriations and allocations made in this division of
6 29 this Act for purposes of substance-related disorder treatment
6 30 and addictive disorders for the fiscal year beginning July 1,
6 31 2019.

Specifies that the requirements of Iowa Code section [123.17](#) are met by the appropriations made in this Bill.

DETAIL: This Iowa Code section requires the Department of Commerce to transfer \$2,000,000, plus an amount determined by the General Assembly, from the Beer and Liquor Control Fund to the General Fund for the Comprehensive Substance Abuse Program.

6 32 2. HEALTHY CHILDREN AND FAMILIES

6 33 For promoting the optimum health status for children and
6 34 adolescents from birth through 21 years of age, and families,
6 35 and for not more than the following full-time equivalent
7 1 positions:
7 2 \$ 5,817,057
7 3 FTEs 14.00

General Fund appropriation to Healthy Children and Families programs.

DETAIL: This is a decrease of \$3,568 and an increase of 1.00 FTE position compared to estimated net FY 2019. The decrease in funding is due to a general reduction, and the increased FTE position is for the First Five Program.

7 4 a. Of the funds appropriated in this subsection, not more
7 5 than \$734,000 shall be used for the healthy opportunities for
7 6 parents to experience success (HOPES)-healthy families Iowa
7 7 (HFI) program established pursuant to section 135.106. The
7 8 funding shall be distributed to renew the grants that were
7 9 provided to the grantees that operated the program during the

Limits the General Fund amount used to fund the Healthy Opportunities to Experience Success - Healthy Families Iowa (HOPES-HFI) Program to \$734,000.

DETAIL: This is a decrease of \$841 compared to the estimated net FY 2019 allocation due to a general reduction. This Program provides

7 10 fiscal year ending June 30, 2018. However, the department
 7 11 shall issue a request for proposals and distribute grants to
 7 12 the grantees selected to operate the program no later than
 7 13 January 1, 2020. The department shall not retain any portion
 7 14 of the allocation under this paragraph for administrative
 7 15 costs.

support for families through home visits that begin during pregnancy or at the birth of a child, and can continue through age four.

Although the language continues the contract with the current contractor, the DPH is required to issue a request for proposals (RFP) for the funds allocated and to execute a contract with the contractor selected to administer the program no later than January 1, 2020. The DPH cannot retain any portion of the allocation under this paragraph for administrative costs.

7 16 b. In order to implement the legislative intent stated
 7 17 in sections 135.106 and 256I.9, priority for home visitation
 7 18 program funding shall be given to programs using evidence-based
 7 19 or promising models for home visitation.

Specifies legislative intent for Iowa Code section [135.106](#) (HOPES-HFI) and Iowa Code section [256I.9](#) (Early Childhood Iowa). Priority for Home Visitation Program funding is to be given to programs using evidence-based or promising models for home visitation.

7 20 c. Of the funds appropriated in this subsection, \$3,075,000
 7 21 shall be used for continuation of the department's initiative
 7 22 to provide for adequate developmental surveillance and
 7 23 screening during a child's first five years. The funds shall
 7 24 be used first to fully fund the current sites to ensure that
 7 25 the sites are fully operational, with the remaining funds
 7 26 to be used for expansion to additional sites. The full
 7 27 implementation and expansion shall include enhancing the scope
 7 28 of the initiative through collaboration with the child health
 7 29 specialty clinics to promote healthy child development through
 7 30 early identification and response to both biomedical and social
 7 31 determinants of healthy development; by monitoring child
 7 32 health metrics to inform practice, document long-term health
 7 33 impacts and savings, and provide for continuous improvement
 7 34 through training, education, and evaluation; and by providing
 7 35 for practitioner consultation particularly for children with
 8 1 behavioral conditions and needs. The department of public
 8 2 health shall also collaborate with the Iowa Medicaid enterprise
 8 3 and the child health specialty clinics to integrate the
 8 4 activities of the first five initiative into the establishment
 8 5 of patient-centered medical homes, community utilities,
 8 6 accountable care organizations, and other integrated care
 8 7 models developed to improve health quality and population
 8 8 health while reducing health care costs. To the maximum extent
 8 9 possible, funding allocated in this paragraph shall be utilized
 8 10 as matching funds for medical assistance program reimbursement.

Allocates \$3,075,000 for the Iowa 1st Five Healthy Mental Development Initiative programs.

DETAIL: This is a decrease of \$101 compared to the estimated net FY 2019 allocation due to a general reduction. This is a public-private mental development initiative that partners primary care and public health services in Iowa to enhance high-quality well-child care. The 1st Five Model supports health providers in the earlier detection of socioemotional delays, developmental delays, and family risk-related factors in children from birth to age five. The Initiative then coordinates referrals, interventions, and follow-up.

8 11 d. Of the funds appropriated in this subsection, \$64,000
 8 12 shall be distributed to a statewide dental carrier to provide
 8 13 funds to continue the donated dental services program patterned
 8 14 after the projects developed by the dental lifeline network to
 8 15 provide dental services to indigent individuals who are elderly

Allocates \$64,000 for a Donated Dental Services Program for indigent elderly and disabled individuals.

DETAIL: This is a decrease of \$640 compared to the estimated net FY 2019 allocation due to a general reduction.

8 16 or with disabilities.

8 17 e. Of the funds appropriated in this subsection, \$156,000
8 18 shall be used to provide audiological services and hearing aids
8 19 for children.

Allocates \$156,000 for the Audiological Services for Kids Program to provide audiological services and hearing aids to children.

DETAIL: This is a decrease of \$482 compared to the estimated net FY 2019 allocation due to a general reduction.

8 20 f. Of the funds appropriated in this subsection, \$23,000 is
8 21 transferred to the university of iowa college of dentistry for
8 22 provision of primary dental services to children. State funds
8 23 shall be matched on a dollar-for-dollar basis. The university
8 24 of iowa college of dentistry shall coordinate efforts with the
8 25 department of public health, oral and health delivery system
8 26 bureau, to provide dental care to underserved populations
8 27 throughout the state.

Transfers \$23,000 to the University of Iowa College of Dentistry to provide primary dental services to children. Requires a one-to-one dollar match by the University. The College is directed to coordinate efforts with the DPH Bureau of Oral and Health Delivery System to provide dental care to underserved populations throughout Iowa.

DETAIL: This is no change compared to the estimated net FY 2019 allocation.

8 28 g. Of the funds appropriated in this subsection, \$50,000
8 29 shall be used to address youth suicide prevention.

Allocates \$50,000 for a Youth Suicide Prevention Program.

DETAIL: This is no change compared to the estimated net FY 2019 allocation. Funds are used to provide the Your Life Iowa resource, which offers support and services for suicide prevention and bullying prevention. These services include a website, online chat, and toll-free hotline, all available 24 hours per day every day, and texting services from 2:00 p.m. to 10:00 p.m. daily.

8 30 h. Of the funds appropriated in this subsection, \$40,000
8 31 shall be used to support the Iowa effort to address the survey
8 32 of children who experience adverse childhood experiences known
8 33 as ACEs.

Allocates \$40,000 to support the Iowa effort to address the survey of children who experience adverse childhood experiences (ACEs).

DETAIL: This is a decrease of \$511 compared to the estimated net FY 2019 allocation due to a general reduction. The funding supports the Adverse Childhood Experiences Study being conducted by the Central Iowa ACEs Steering Committee. The original Adverse Childhood Experiences Study revealed that childhood trauma is common and can have a large impact on future behaviors and health outcomes. Funding is used to include the ACEs-related surveillance questions in the Behavioral Risk Factor Surveillance System to further track and study this topic.

8 34 i. Of the funds appropriated in this subsection, up to
8 35 \$494,000 shall be used for childhood obesity prevention.

Allocates no more than \$494,000 to be used on childhood obesity prevention.

DETAIL: This is a decrease of \$993 compared to the estimated net FY 2019 allocation due to a general reduction.

9 1 3. CHRONIC CONDITIONS
 9 2 For serving individuals identified as having chronic
 9 3 conditions or special health care needs, and for not more than
 9 4 the following full-time equivalent positions:
 9 5 \$ 4,223,519
 9 6 FTEs 9.00

General Fund appropriation to Chronic Conditions programs.

DETAIL: This is a decrease of \$304,590 and no change in FTE positions compared to estimated net FY 2019. Changes include:

- A decrease of \$300,000 to the Office of Medical Cannabidiol.
- A decrease of \$4,590 due to a general reduction.

9 7 a. Of the funds appropriated in this subsection, \$153,000
 9 8 shall be used for grants to individual patients who have an
 9 9 inherited metabolic disorder to assist with the costs of
 9 10 medically necessary foods and formula.

Allocates \$153,000 for grants to individual patients with inherited metabolic disorders to assist with necessary costs for special foods.

DETAIL: This is a decrease of \$755 compared to the estimated net FY 2019 allocation due to a general reduction. The grants assist with the costs of necessary special foods and supplements for individual patients with phenylketonuria (PKU) or other inherited metabolic disorders. Funds are provided to individuals only after they have shown that all benefits from third-party payors and other government assistance programs have been exhausted.

9 11 b. Of the funds appropriated in this subsection, \$1,055,000
 9 12 shall be used for the brain injury services program pursuant
 9 13 to section 135.22B, including \$861,000 for contracting with an
 9 14 existing nationally affiliated and statewide organization whose
 9 15 purpose is to educate, serve, and support lowans with brain
 9 16 injury and their families, for resource facilitator services
 9 17 in accordance with section 135.22B, subsection 9, and for
 9 18 contracting to enhance brain injury training and recruitment
 9 19 of service providers on a statewide basis. Of the amount
 9 20 allocated in this paragraph, \$95,000 shall be used to fund
 9 21 1.00 full-time equivalent position to serve as the state brain
 9 22 injury services program manager.

Allocates \$1,055,000 for continuation of the two contracts in the DPH Brain Injury Services Program for facilitator services, training services, and provider recruitment.

DETAIL: This is a decrease of \$291 compared to the estimated net FY 2019 allocation due to a general reduction. The Brain Injury Services Program, established in Iowa Code section [135.22B](#), works to improve the lives of lowans living with brain injuries and the lives of their families by linking people with services, promoting safety to prevent brain injuries, and training providers to best work with individuals who have sustained a brain injury. Most of this work is achieved through a contract with the Brain Injury Alliance of Iowa.

9 23 c. Of the funds appropriated in this subsection, \$144,000
 9 24 shall be used for the public purpose of continuing to contract
 9 25 with an existing nationally affiliated organization to provide
 9 26 education, client-centered programs, and client and family
 9 27 support for people living with epilepsy and their families.
 9 28 The amount allocated in this paragraph in excess of \$50,000
 9 29 shall be matched dollar-for-dollar by the organization
 9 30 specified. Funds allocated under this paragraph shall be
 9 31 distributed in their entirety for the purpose specified on July
 9 32 1, 2019.

Allocates \$144,000 for epilepsy education and support. The allocation requires a dollar-for-dollar match of the funds above \$50,000.

DETAIL: This is a decrease of \$97 compared to the estimated net FY 2019 allocation due to a general reduction. The dollar-for-dollar match for all funds is a change from FY 2019, which only required a dollar-for-dollar match for funds above \$100,000. Funding provides for education, client-centered programs, and client and family support for people and families of people living with epilepsy.

9 33 d. Of the funds appropriated in this subsection, \$809,000
 9 34 shall be used for child health specialty clinics.

Allocates \$809,000 for the Child Health Specialty Clinics (CHSC).

DETAIL: This is a decrease of \$550 compared to the estimated net FY 2019 allocation due to a general reduction. The CHSC Program is operated by the University of Iowa (UI) Department of Pediatrics, and facilitates the development of family-centered, community-based, coordinated systems of care for children and youth with special health care needs. The CHSC serves children and youth, from birth through 21 years of age, who live in Iowa and have a chronic condition (physical, developmental, behavioral, or emotional) or are at increased risk for a chronic condition and also have a need for special services.

Allocates \$384,000 to be used by the Regional Autism Assistance Program (RAP) to create autism support programs administered by the CHSC located at the University of Iowa Hospitals and Clinics (UIHC).

DETAIL: This is a decrease of \$552 compared to the estimated net FY 2019 allocation due to a general reduction. The UI is prohibited from receiving any funds for indirect costs associated with the allocation. The RAP teams provide regional screenings for toddlers and youth and coordinate referrals for assessment and diagnostic services. In addition, the RAP coordinates in-service training and provides technical assistance, consultation, information, and referral.

Allocates \$577,000 for the Iowa Comprehensive Cancer Control (ICCC) Program. Of the total amount, \$150,000 is required to be used to support various efforts in studying, tracking, and researching melanoma.

DETAIL: This is a decrease of \$375 for the ICCC compared to the estimated net FY 2019 allocation due to a general reduction.

Allocates \$97,000 for cervical and colon cancer screening and \$177,000 for enhanced capacity of the Cervical Cancer Screening Program for a total of \$274,000.

DETAIL: This is a decrease of \$532 for cervical and colon cancer screening and \$720 for enhanced capacity of the Cervical Cancer Screening Program compared to the estimated net FY 2019 allocation due to a general reduction.

Allocates \$506,000 for the Center for Congenital and Inherited Disorders (CCID) Central Registry.

9 35 e. Of the funds appropriated in this subsection, \$384,000
10 1 shall be used by the regional autism assistance program
10 2 established pursuant to section 256.35, and administered by
10 3 the child health specialty clinic located at the university of
10 4 Iowa hospitals and clinics. The funds shall be used to enhance
10 5 interagency collaboration and coordination of educational,
10 6 medical, and other human services for persons with autism,
10 7 their families, and providers of services, including delivering
10 8 regionalized services of care coordination, family navigation,
10 9 and integration of services through the statewide system of
10 10 regional child health specialty clinics and fulfilling other
10 11 requirements as specified in chapter 225D. The university of
10 12 Iowa shall not receive funds allocated under this paragraph for
10 13 indirect costs associated with the regional autism assistance
10 14 program.

10 15 f. Of the funds appropriated in this subsection, \$577,000
10 16 shall be used for the comprehensive cancer control program to
10 17 reduce the burden of cancer in Iowa through prevention, early
10 18 detection, effective treatment, and ensuring quality of life.
10 19 Of the funds allocated in this paragraph "f", \$150,000 shall
10 20 be used to support a melanoma research symposium, a melanoma
10 21 biorepository and registry, basic and translational melanoma
10 22 research, and clinical trials.

10 23 g. Of the funds appropriated in this subsection, \$97,000
10 24 shall be used for cervical and colon cancer screening, and
10 25 \$177,000 shall be used to enhance the capacity of the cervical
10 26 cancer screening program to include provision of recommended
10 27 prevention and early detection measures to a broader range of
10 28 low-income women.

10 29 h. Of the funds appropriated in this subsection, \$506,000
10 30 shall be used for the center for congenital and inherited
10 31 disorders.

DETAIL: This is a decrease of \$355 compared to the estimated net FY 2019 allocation due to a general reduction. The mission of the CCID is to initiate, conduct, and supervise genetic investigations and research to provide for the protection and promotion of the health of Iowans.

General Fund appropriation to Community Capacity programs.

DETAIL: This is an increase of \$624,525 and no change in FTE positions compared to estimated net FY 2019. The changes include:

- A new allocation of \$400,000 for Rural Psychiatry Residencies.
- A new allocation of \$150,000 for psychiatric training.
- An increase of \$58,000 for the Prescription Drug Donation Repository Program.
- An increase of \$20,000 for specialty health care.
- A decrease of \$3,475 due to a general reduction.

Allocates \$95,000 for the Iowa KidSight Child Vision Screening Program through the UIHC in collaboration with the Lions Club and Early Childhood Iowa areas. Requires the DPH to submit a report to the individuals identified in the Bill regarding the use of funds allocated to the Iowa KidSight Child Vision Screening Program.

DETAIL: This is a decrease of \$575 compared to the estimated net FY 2019 allocation due to a general reduction.

Allocates \$48,000 for the Psychology Postdoctoral Internship Rotation Program for intern psychologists in urban and rural mental health professional shortage areas.

DETAIL: This is a decrease of \$69 compared to the estimated net FY 2019 allocation due to a general reduction. The Program is not a loan repayment program, but increases access through creating new opportunities for doctoral-level psychologists to complete a required rotation in Iowa as opposed to leaving the State. The Program targets health professional shortage areas and rural areas.

Allocates a total of \$1,184,000 to support increased access, health system integration, and engagement. Of that amount, \$600,000 is

10 32 4. COMMUNITY CAPACITY
 10 33 For strengthening the health care delivery system at the
 10 34 local level, and for not more than the following full-time
 10 35 equivalent positions:
 11 1 \$ 5,594,677
 11 2 FTEs 13.00

11 3 a. Of the funds appropriated in this subsection, \$95,000
 11 4 is allocated for continuation of the child vision screening
 11 5 program implemented through the university of Iowa hospitals
 11 6 and clinics in collaboration with early childhood Iowa areas.
 11 7 The program shall submit a report to the department regarding
 11 8 the use of funds allocated under this paragraph "a". The
 11 9 report shall include the objectives and results for the
 11 10 program year including the target population and how the funds
 11 11 allocated assisted the program in meeting the objectives; the
 11 12 number, age, and location within the state of individuals
 11 13 served; the type of services provided to the individuals
 11 14 served; the distribution of funds based on service provided;
 11 15 and the continuing needs of the program.

11 16 b. Of the funds appropriated in this subsection,
 11 17 \$48,000 shall be used for a grant to a statewide association
 11 18 of psychologists, that is affiliated with the American
 11 19 psychological association, to be used for continuation of a
 11 20 program to rotate intern psychologists in placements in urban
 11 21 and rural mental health professional shortage areas. For the
 11 22 purposes of this paragraph "b", "mental health professional
 11 23 shortage area" means a geographic area in this state that has
 11 24 been designated by the United States department of health and
 11 25 human services, health resources and services administration,
 11 26 bureau of health professionals, as having a shortage of mental
 11 27 health professionals.

11 28 c. Of the funds appropriated in this subsection, the
 11 29 following amounts are allocated to be used as follows

11 30 to support the goals of increased access, health system
 11 31 integration, and engagement:
 11 32 (1) Not less than \$600,000 is allocated to the Iowa
 11 33 prescription drug corporation for continuation of the
 11 34 pharmaceutical infrastructure for safety net providers as
 11 35 described in 2007 Iowa Acts, chapter 218, section 108, and for
 12 1 the prescription drug donation repository program created in
 12 2 chapter 135M. Funds allocated under this subparagraph shall
 12 3 be distributed in their entirety for the purpose specified on
 12 4 July 1, 2019.
 12 5 (2) Not less than \$334,000 is allocated to free clinics and
 12 6 free clinics of Iowa for necessary infrastructure, statewide
 12 7 coordination, provider recruitment, service delivery, and
 12 8 provision of assistance to patients in securing a medical home
 12 9 inclusive of oral health care. Funds allocated under this
 12 10 subparagraph shall be distributed in their entirety for the
 12 11 purpose specified on July 1, 2019.
 12 12 (3) Not less than \$25,000 is allocated to the Iowa
 12 13 association of rural health clinics for necessary
 12 14 infrastructure and service delivery transformation. Funds
 12 15 allocated under this subparagraph shall be distributed in their
 12 16 entirety for the purpose specified on July 1, 2019.
 12 17 (4) Not less than \$225,000 is allocated to the Polk county
 12 18 medical society for continuation of the safety net provider
 12 19 patient access to specialty health care initiative as described
 12 20 in 2007 Iowa Acts, chapter 218, section 109. Funds allocated
 12 21 under this subparagraph shall be distributed in their entirety
 12 22 for the purpose specified on July 1, 2019.

12 23 d. Of the funds appropriated in this subsection, \$191,000
 12 24 is allocated for the purposes of health care and public health
 12 25 workforce initiatives.

12 26 e. Of the funds appropriated in this subsection, \$96,000
 12 27 shall be used for a matching dental education loan repayment
 12 28 program to be allocated to a dental nonprofit health service
 12 29 corporation to continue to develop the criteria and implement
 12 30 the loan repayment program.

12 31 f. Of the funds appropriated in this subsection, \$100,000
 12 32 shall be used for the purposes of the Iowa donor registry as

allocated for the pharmaceutical infrastructure for safety net providers and the prescription drug donation repository program, \$334,000 for free clinics, \$25,000 for rural health clinics, and \$225,000 for specialty health care clinics.

DETAIL: This is a net increase of \$75,808 compared to the estimated net FY 2019 allocation due to the following:

- A general reduction of \$2,192.
- An increase of \$58,000 for the Prescription Drug Donation Repository Program.
- An increase of \$20,000 to Specialty Health Care.

In FY 2019, funding was awarded to the Free Clinics of Iowa, Polk County Medical Society, the Iowa Prescription Drug Association, and the Iowa Association of Rural Clinics.

Allocates \$191,000 for health care and public health workforce issues.

DETAIL: This is a net increase of \$14,812 compared to the estimated net FY 2019 allocation due to combining a related \$15,000 allocation and a general reduction of \$188. Language is broadened beyond direct care workers.

Allocates \$96,000 for the Fulfilling Iowa's Need for Dentists (FIND) Dental Education Loan Repayment Program.

DETAIL: This is a decrease of \$138 compared to the estimated net FY 2019 allocation due to a general reduction. The FIND Project award recipients agree to practice in a designated dentist shortage area and devote at least 35.00% of their practice to Medicaid-eligible, elderly, disabled, and other underserved patients over a three-year period.

Allocates \$100,000 to the Iowa Donor Registry.

12 33 specified in section 142C.18.

DETAIL: This is no change compared to the estimated FY 2019 allocation.

12 34 g. Of the funds appropriated in this subsection, \$96,000
12 35 shall be used for continuation of a grant to a nationally
13 1 affiliated volunteer eye organization that has an established
13 2 program for children and adults and that is solely dedicated to
13 3 preserving sight and preventing blindness through education,
13 4 nationally certified vision screening and training, and
13 5 community and patient service programs. The contractor shall
13 6 submit a report to the individuals identified in this Act for
13 7 submission of reports regarding the use of funds allocated
13 8 under this paragraph "g". The report shall include the
13 9 objectives and results for the program year including the
13 10 target population and how the funds allocated assisted the
13 11 program in meeting the objectives; the number, age, grade level
13 12 if appropriate, and location within the state of individuals
13 13 served; the type of services provided to the individuals
13 14 served; the distribution of funds based on services provided;
13 15 and the continuing needs of the program.

Allocates \$96,000 to Prevent Blindness Iowa for a vision screening and training program. Requires a report regarding the objectives and results of the Program.

DETAIL: This is a decrease of \$138 compared to the estimated net FY 2019 allocation due to a general reduction. The organization is required to submit a report outlining objectives, target population and locations, services provided, and other details. The Program seeks to increase statewide vision screening programs provided to children by volunteers and nurses, and it must specifically target children in child care centers and schools.

13 16 h. Of the funds appropriated in this subsection, \$2,000,000
13 17 shall be deposited in the medical residency training account
13 18 created in section 135.175, subsection 5, paragraph "a", and
13 19 is appropriated from the account to the department of public
13 20 health to be used for the purposes of the medical residency
13 21 training state matching grants program as specified in section
13 22 135.176.

Allocates \$2,000,000 for the Medical Residency Training Program.

DETAIL: This is no change compared to the estimated net FY 2019 allocation. The Program is a matching grants program to provide State funding to sponsors of accredited graduate medical education residency programs in this State to establish, expand, or support medical residency training programs.

13 23 i. Of the funds appropriated in this subsection, \$250,000
13 24 shall be used for the public purpose of providing funding to
13 25 Des Moines university to continue a provider education project
13 26 to provide primary care physicians with the training and skills
13 27 necessary to recognize the signs of mental illness in patients.

Allocates \$250,000 to Des Moines University (DMU) to continue a program that trains doctors on identifying and treating patients with mental health needs.

DETAIL: This is no change compared to the estimated FY 2019 allocation. All students in the DMU Doctors of Osteopathic Medicine Program will go through the training in May 2019.

13 28 j. Of the funds appropriated in this subsection, \$400,000
13 29 shall be used for rural psychiatric residencies to support the
13 30 annual creation and training of four psychiatric residents who
13 31 will provide mental health services in underserved areas of the
13 32 state.

Allocates \$400,000 for rural psychiatric residencies to support the creation and training of four psychiatric residents to provide mental health services in underserved areas of the State.

DETAIL: This is a new allocation for FY 2020.

13 33 k. Of the funds appropriated in this subsection, \$150,000
13 34 shall be used for psychiatric training to increase access to
13 35 mental health care services by expanding the mental health

Allocates \$150,000 for psychiatric training for physician assistants and nurse practitioners.

14 1 workforce via training of additional physician assistants and
 14 2 nurse practitioners.

14 3 5. ESSENTIAL PUBLIC HEALTH SERVICES
 14 4 To provide public health services that reduce risks and
 14 5 invest in promoting and protecting good health over the
 14 6 course of a lifetime with a priority given to older Iowans and
 14 7 vulnerable populations:
 14 8 \$ 7,662,464

DETAIL: This is a new allocation for FY 2020.

General Fund appropriation to Essential Public Health Services.

DETAIL: This is no change compared to estimated net FY 2019. This funding is part of the Local Public Health Services Program, with the purpose of implementing core public health functions, providing essential public health services that promote healthy aging throughout the lifespan of Iowans, and enhancing health-promoting and disease-prevention services with a priority given to older Iowans and vulnerable populations. The grant is considered the funding provider of last resort and is utilized only when no other funding source exists. Funding is distributed to local boards of health through a formula in the Iowa Administrative Code.

14 9 6. INFECTIOUS DISEASES
 14 10 For reducing the incidence and prevalence of communicable
 14 11 diseases, and for not more than the following full-time
 14 12 equivalent positions:
 14 13 \$ 1,796,426
 14 14 FTEs 4.00

General Fund appropriation to Infectious Diseases programs for activities and programs to reduce the incidence and prevalence of communicable diseases.

DETAIL: This is no change in funding or FTE positions compared to estimated net FY 2019.

14 15 7. PUBLIC PROTECTION
 14 16 For protecting the health and safety of the public through
 14 17 establishing standards and enforcing regulations, and for not
 14 18 more than the following full-time equivalent positions:
 14 19 \$ 4,093,383
 14 20 FTEs 142.00

General Fund appropriation to Public Protection programs.

DETAIL: This is a decrease of \$1,756 and an increase of 0.50 FTE position compared to estimated net FY 2019. The decreased funding is due to a general reduction and the FTE increase matches the authorized amount for FY 2019.

14 21 a. Of the funds appropriated in this subsection, not more
 14 22 than \$304,000 shall be credited to the emergency medical
 14 23 services fund created in section 135.25. Moneys in the
 14 24 emergency medical services fund are appropriated to the
 14 25 department to be used for the purposes of the fund.

Allocates up to \$304,000 for the Emergency Medical Services (EMS) Fund.

DETAIL: This is a decrease of \$700 compared to the estimated net FY 2019 allocation due to a general reduction. The Fund provides a one-to-one match to counties for the acquisition of equipment and for education and training related to EMS.

14 26 b. Of the funds appropriated in this subsection, up
 14 27 to \$243,000 shall be used for sexual violence prevention
 14 28 programming through a statewide organization representing
 14 29 programs serving victims of sexual violence through the
 14 30 department's sexual violence prevention program, and for
 14 31 continuation of a training program for sexual assault
 14 32 response team (SART) members, including representatives of

Allocates up to \$243,000 to provide program funding for sexual violence prevention programs.

DETAIL: This is a decrease of \$260 compared to the estimated net FY 2019 allocation due to a general reduction.

Although the language continues the contract with the current

14 33 law enforcement, victim advocates, prosecutors, and certified
 14 34 medical personnel. However, the department shall issue
 14 35 a request for proposals and execute a contract with the
 15 1 contractor selected to provide the programming and training
 15 2 as specified in this paragraph no later than January 1, 2020.
 15 3 The amount allocated in this paragraph "b" shall not be used
 15 4 to supplant funding administered for other sexual violence
 15 5 prevention or victims assistance programs. The department
 15 6 shall not retain any portion of the allocation under this
 15 7 paragraph for administrative costs.

contractor, the DPH is required to issue an RFP for the funds allocated and to execute a contract with the contractor selected to administer the program no later than January 1, 2020. The DPH cannot retain any portion of the allocation under this paragraph for administrative costs.

15 8 c. Of the funds appropriated in this subsection, up to
 15 9 \$500,000 shall be used for the state poison control center.
 15 10 Pursuant to the directive under 2014 Iowa Acts, chapter
 15 11 1140, section 102, the federal matching funds available to
 15 12 the state poison control center from the department of human
 15 13 services under the federal Children's Health Insurance Program
 15 14 Reauthorization Act allotment shall be subject to the federal
 15 15 administrative cap rule of 10 percent applicable to funding
 15 16 provided under Tit.XXI of the federal Social Security Act and
 15 17 included within the department's calculations of the cap.

Allocates up to \$500,000 for the State Poison Control Center.

DETAIL: This is no change compared to the estimated net FY 2019 allocation. The Center is allowed to transfer as much funding as needed for the purpose of receiving matching federal funds.

15 18 d. Of the funds appropriated in this subsection, up to
 15 19 \$504,000 shall be used for childhood lead poisoning provisions.

Allocates up to \$504,000 for childhood lead poisoning testing.

DETAIL: This is a decrease of \$796 compared to the estimated net FY 2019 allocation due to a general reduction.

15 20 8. RESOURCE MANAGEMENT

15 21 For establishing and sustaining the overall ability of the
 15 22 department to deliver services to the public, and for not more
 15 23 than the following full-time equivalent positions:

15 24	\$	971,215
15 25	FTEs	4.00

General Fund appropriation for Resource Management activities.

DETAIL: This is no change in funding or FTE positions compared to estimated net FY 2019.

15 26 9. MISCELLANEOUS PROVISIONS

15 27 a. The university of Iowa hospitals and clinics under
 15 28 the control of the state board of regents shall not receive
 15 29 indirect costs from the funds appropriated in this section.
 15 30 The university of Iowa hospitals and clinics billings to the
 15 31 department shall be on at least a quarterly basis.

Prohibits the UIHC from receiving indirect cost reimbursement from General Fund appropriations to the DPH. Requires the UIHC to submit billings to the DPH on a quarterly basis each year.

15 32 b. The department of public health shall collaborate
 15 33 with applicable stakeholders to review the allocations,
 15 34 grants, and other distributions of funds appropriated under
 15 35 this division of this Act and shall submit a report to the
 16 1 individuals identified in this Act for submission of reports by
 16 2 December 15, 2019, regarding a proposal for the distribution

Requires the DPH to collaborate with stakeholders to review funds distributed in this Bill to develop a proposal for distribution that:

- More clearly reflects the DPH's stated properties and goals.
- Provides increased flexibility in the distribution of funds to meet those priorities and goals.

16 3 of funds that more clearly reflects the department's stated
 16 4 priorities and goals, provides increased flexibility in the
 16 5 distribution of funds to meet these priorities and goals, and
 16 6 ensures stakeholder accountability and a discernable return on
 16 7 investment.

- Ensures stakeholder accountability and discernible return on investment.

A report is due to the to the chairpersons and ranking members of the Health and Human Services Appropriations Subcommittee, the LSA, and the DOM by December 15, 2019.

16 8 Sec. 4. CONTRACTED SERVICES — PROHIBITED USE OF GENERAL
 16 9 FUND MONIES FOR LOBBYING.

16 10 1. The department shall submit a report to the individuals
 16 11 identified in this Act for submission of reports by January 1,
 16 12 2020, regarding the outcomes of any program or activity for
 16 13 which funding is appropriated or allocated from the general
 16 14 fund of the state to the department under this division of
 16 15 this Act, and for which a request for proposals process is
 16 16 specifically required.

Requires the DHS to report to the chairpersons and ranking members of the Health and Human Services Appropriations Subcommittee, the LSA, and the DOM by January 1, 2020, regarding the outcomes of any program or activity awarded through the RFP process.

16 17 2. The department shall incorporate into the general
 16 18 conditions applicable to all award documents involving funding
 16 19 appropriated or allocated from the general fund of the state to
 16 20 the department under this division of this Act, a prohibition
 16 21 against the use of such funding for the compensation of a
 16 22 lobbyist. For the purposes of this section, "lobbyist" means
 16 23 the same as defined in section 68B.2; however, "lobbyist"
 16 24 does not include a person employed by a state agency of the
 16 25 executive branch of state government who represents the agency
 16 26 relative to the passage, defeat, approval, or modification of
 16 27 legislation that is being considered by the general assembly.

Requires the DPH to prohibit General Fund appropriations or allocations awarded to be used for lobbying activities. "Lobbyist" does not include Executive Branch liaisons.

16 28 DIVISION IV
 16 29 DEPARTMENT OF VETERANS AFFAIRS — FY 2019-2020

16 30 Sec. 5. DEPARTMENT OF VETERANS AFFAIRS. There is
 16 31 appropriated from the general fund of the state to the
 16 32 department of veterans affairs for the fiscal year beginning
 16 33 July 1, 2019, and ending June 30, 2020, the following amounts,
 16 34 or so much thereof as is necessary, to be used for the purposes
 16 35 designated:

17 1 1. DEPARTMENT OF VETERANS AFFAIRS ADMINISTRATION
 17 2 For salaries, support, maintenance, and miscellaneous
 17 3 purposes, and for not more than the following full-time
 17 4 equivalent positions:
 17 5 \$ 1,225,500
 17 6 FTEs 15.00

General Fund appropriation to the Department of Veterans Affairs.

DETAIL: This is an increase of \$75,000 and 1.50 FTE positions compared to estimated net FY 2019. The increase in funding is for general departmental operations. The increase in FTE positions matches the FY 2019 authorized amount.

17 7	2. IOWA VETERANS HOME	General Fund appropriation to the Iowa Veterans Home (IVH).
17 8	For salaries, support, maintenance, and miscellaneous	
17 9	purposes:	DETAIL: This is no change compared to estimated net FY 2019.
17 10	..... \$ 7,162,976	
17 11	a. The Iowa veterans home billings involving the department	Requires the IVH to submit monthly claims relating to Medicaid to the
17 12	of human services shall be submitted to the department on at	DHS.
17 13	least a monthly basis.	
17 14	b. Within available resources and in conformance with	Permits the IVH to provide financial assistance within State and federal
17 15	associated state and federal program eligibility requirements,	eligibility requirements to support participation in the Community
17 16	the Iowa veterans home may implement measures to provide	Reentry Program.
17 17	financial assistance to or on behalf of veterans or their	
17 18	spouses who are participating in the community reentry program.	
17 19	c. The Iowa veterans home expenditure report shall be	Requires the IVH to submit a monthly expenditure report to the LSA.
17 20	submitted monthly to the legislative services agency.	
17 21	d. The Iowa veterans home shall continue to include in the	Requires the IVH to expand its annual discharge report to include
17 22	annual discharge report applicant information to provide for	applicant information, demographic information, and the level of care
17 23	the collection of demographic information including but not	for which individuals applied for admission.
17 24	limited to the number of individuals applying for admission and	
17 25	admitted or denied admittance and the basis for the admission	
17 26	or denial; the age, gender, and race of such individuals;	
17 27	and the level of care for which such individuals applied for	
17 28	admission including residential or nursing level of care.	
17 29	3. HOME OWNERSHIP ASSISTANCE PROGRAM	General Fund appropriation to the Home Ownership Assistance
17 30	For transfer to the Iowa finance authority for the	Program for military service members and veterans, to be transferred
17 31	continuation of the home ownership assistance program for	to the Iowa Finance Authority.
17 32	persons who are or were eligible members of the armed forces of	
17 33	the United States, pursuant to section 16.54:	DETAIL: This is no change compared to estimated net FY 2019. A
17 34	..... \$ 2,000,000	\$5,000 grant is available to a service member for down payment and
		closing costs toward the purchase of a new home in the State of Iowa.
		The home must be a primary residence, and this is a once-in-a-
		lifetime grant.
17 35	Sec. 6. LIMITATION OF COUNTY COMMISSIONS OF VETERAN AFFAIRS	CODE: Requires the FY 2020 General Fund standing appropriation to
18 1	FUND STANDING APPROPRIATIONS. Notwithstanding the standing	the County Commissions of Veteran Affairs Fund to be limited to
18 2	appropriation in section 35A.16 for the fiscal year beginning	\$990,000.
18 3	July 1, 2019, and ending June 30, 2020, the amount appropriated	
18 4	from the general fund of the state pursuant to that section	DETAIL: This is a decrease of \$10,000 compared to the standing
18 5	for the following designated purposes shall not exceed the	appropriation of \$1,000,000 in Iowa Code section 35A.16 and is no
18 6	following amount:	change compared to estimated net FY 2019. Funding is used for the
18 7	For the county commissions of veteran affairs fund under	administration and maintenance of County Commission of Veteran
18 8	section 35A.16:	Affairs Offices. Staff must agree to maintain the current spending
18 9	..... \$ 990,000	levels compared to the previous fiscal year.

18 10	DIVISION V		
18 11	DEPARTMENT OF HUMAN SERVICES — FY 2019-2020		
18 12	Sec. 7. TEMPORARY ASSISTANCE FOR NEEDY FAMILIES BLOCK		Appropriates moneys from the Temporary Assistance for Needy
18 13	GRANT. There is appropriated from the fund created in section		Families (TANF) Federal Block Grant Fund appropriation for FY 2019.
18 14	8.41 to the department of human services for the fiscal year		
18 15	beginning July 1, 2019, and ending June 30, 2020, from moneys		DETAIL: The federal government implemented Federal Welfare Reform
18 16	received under the federal temporary assistance for needy		on August 22, 1996. Reform eliminated Aid to Families with Dependent
18 17	families (TANF) block grant pursuant to the federal Personal		Children (AFDC), ending federal entitlement and creating a flexible
18 18	Responsibility and Work Opportunity Reconciliation Act of 1996,		funding source for states to use in helping needy families achieve self-
18 19	Pub.L.No.104-193, and successor legislation, the following		sufficiency. Iowa's annual TANF award is \$131,524,959; however,
18 20	amounts, or so much thereof as is necessary, to be used for the		federal law reduces the annual award by \$434,032 and reserves those
18 21	purposes designated:		funds for research and evaluation projects. In addition, \$582,859 is
			allocated to Native American tribes.
18 22	1. To be credited to the family investment program account		Appropriates funds from the TANF FY 2020 Block Grant appropriation
18 23	and used for assistance under the family investment program		to the FIP Account.
18 24	under chapter 239B:		
18 25	..... \$ 4,524,006		DETAIL: This is an increase of \$498,898 compared to estimated net
			FY 2019. Iowa's FIP is a cash assistance program to support low-
			income families with children and to provide services to help them to
			become self-sufficient.
18 26	2. To be credited to the family investment program account		Appropriates funds from the TANF FY 2020 Block Grant appropriation
18 27	and used for the job opportunities and basic skills (JOBS)		to the PROMISE JOBS Program.
18 28	program and implementing family investment agreements in		
18 29	accordance with chapter 239B:		DETAIL: This is an increase of \$220,000 compared to estimated net
18 30	..... \$ 5,412,060		FY 2019. The PROMISE JOBS Program provides training, education,
			and employment services to FIP recipients. In addition, the Program
			pays allowances for specified costs, such as transportation, related to
			participating in Program activities.
18 31	3. To be used for the family development and		Appropriates funds from the TANF FY 2020 Block Grant appropriation
18 32	self-sufficiency grant program in accordance with section		to the Family Development and Self-Sufficiency (FaDSS) Program.
18 33	216A.107:		
18 34	..... \$ 2,898,980		DETAIL: This is no change compared to estimated net FY 2019.
			FaDSS is a home-based supportive service to assist families with
			significant or multiple barriers to reach self-sufficiency. The Program
			was created during the 1988 General Assembly to assist families
			participating in the FIP.
18 35	Notwithstanding section 8.33, moneys appropriated in this		CODE: Allows any unexpended funds allocated for the FaDSS Grant
19 1	subsection that remain unencumbered or unobligated at the close		Program for FY 2020 to remain available for expenditure in FY 2021.
19 2	of the fiscal year shall not revert but shall remain available		
19 3	for expenditure for the purposes designated until the close of		

19 4 the succeeding fiscal year. However, unless such moneys are
 19 5 encumbered or obligated on or before September 30, 2020, the
 19 6 moneys shall revert.

19 7 4. For field operations:
 19 8 \$ 31,296,232

Appropriates funds from the TANF FY 2020 Block Grant appropriation to Field Operations.

DETAIL: This is a decrease of \$1,169,449 compared to estimated net FY 2019.

19 9 5. For general administration:
 19 10 \$ 3,744,000

Appropriates funds from the TANF FY 2020 Block Grant appropriation to General Administration.

DETAIL: This is no change compared to estimated net FY 2019.

19 11 6. For state child care assistance:
 19 12 \$ 47,166,826

Appropriates funds from the TANF FY 2020 Block Grant appropriation to Child Care Assistance.

DETAIL: This is no change compared to estimated net FY 2019.

19 13 a. Of the funds appropriated in this subsection,
 19 14 \$26,205,412 is transferred to the child care and development
 19 15 block grant appropriation made by the Eighty-eighth General
 19 16 Assembly, 2019 session, for the federal fiscal year beginning
 19 17 October 1, 2019, and ending September 30, 2020. Of this
 19 18 amount, \$200,000 shall be used for provision of educational
 19 19 opportunities to registered child care home providers in order
 19 20 to improve services and programs offered by this category
 19 21 of providers and to increase the number of providers. The
 19 22 department may contract with institutions of higher education
 19 23 or child care resource and referral centers to provide
 19 24 the educational opportunities. Allowable administrative
 19 25 costs under the contracts shall not exceed 5 percent. The
 19 26 application for a grant shall not exceed two pages in length.

Requires the DHS to transfer \$26,205,412 to the Child Care and Development Block Grant appropriation and to use \$200,000 for training of registered child care home providers. Permits the DHS to contract with colleges and universities or child care resource and referral centers to provide training, and specifies requirements for grant funding and applications. Requires that contractor administrative costs do not exceed 5.00%.

19 27 b. Any funds appropriated in this subsection remaining
 19 28 unallocated shall be used for state child care assistance
 19 29 payments for families who are employed including but not
 19 30 limited to individuals enrolled in the family investment
 19 31 program.

Specifies that the unallocated funds totaling \$20,961,414 will be used for child care assistance for employed individuals enrolled in the FIP.

19 32 7. For child and family services:
 19 33 \$ 32,380,654

Appropriates funds from the TANF FY 2020 Block Grant appropriation to Child and Family Services.

DETAIL: This is no change compared to estimated net FY 2019.

19 34 8. For child abuse prevention grants:
 19 35 \$ 125,000

Appropriates funds from the TANF FY 2020 Block Grant appropriation for child abuse prevention grants.

DETAIL: This is no change compared to estimated net FY 2019.

20 1 9. For pregnancy prevention grants on the condition that
 20 2 family planning services are funded:
 20 3 \$ 1,913,203

Appropriates funds from the TANF FY 2020 Block Grant appropriation for pregnancy prevention grants on the condition that family planning services are funded.

DETAIL: This is an increase of \$23,000 compared to estimated net FY 2019.

20 4 Pregnancy prevention grants shall be awarded to programs
 20 5 in existence on or before July 1, 2019, if the programs have
 20 6 demonstrated positive outcomes. Grants shall be awarded to
 20 7 pregnancy prevention programs which are developed after July
 20 8 1, 2019, if the programs are based on existing models that
 20 9 have demonstrated positive outcomes. Grants shall comply with
 20 10 the requirements provided in 1997 Iowa Acts, chapter 208,
 20 11 section 14, subsections 1 and 2, including the requirement that
 20 12 grant programs must emphasize sexual abstinence. Priority in
 20 13 the awarding of grants shall be given to programs that serve
 20 14 areas of the state which demonstrate the highest percentage of
 20 15 unplanned pregnancies of females of childbearing age within the
 20 16 geographic area to be served by the grant.

Requires the DHS to award pregnancy prevention grants only to programs that are based on existing models and have demonstrated positive outcomes. Requires pregnancy prevention grants from the TANF to include the requirement that sexual abstinence be emphasized. Specifies that priority in awarding the grants should be given to programs in areas of Iowa that have the highest percentage of unplanned adolescent pregnancies within the geographic area served by the grant.

20 17 10. For technology needs and other resources necessary
 20 18 to meet federal welfare reform reporting, tracking, and case
 20 19 management requirements:
 20 20 \$ 1,037,186

Appropriates funds from the TANF FY 2020 Block Grant appropriation for federal welfare reform reporting, tracking, and case management technology and resource needs.

DETAIL: This is an increase of \$175,000 compared to estimated net FY 2019.

20 21 11. a. Notwithstanding any provision to the contrary,
 20 22 including but not limited to requirements in section 8.41 or
 20 23 provisions in 2018 Iowa Acts or 2019 Iowa Acts regarding the
 20 24 receipt and appropriation of federal block grants, federal
 20 25 funds from the temporary assistance for needy families block
 20 26 grant received by the state and not otherwise appropriated
 20 27 in this section and remaining available for the fiscal year
 20 28 beginning July 1, 2019, are appropriated to the department of
 20 29 human services to the extent as may be necessary to be used in
 20 30 the following priority order: the family investment program,
 20 31 for state child care assistance program payments for families
 20 32 who are employed, and for the family investment program share
 20 33 of system costs for eligibility determination and related

CODE: Permits the DHS to carry forward unused TANF funds.

DETAIL: Funds carried forward may be used for the FIP, technology costs related to the FIP, and the Child Care Assistance Program.

20 34 functions. The federal funds appropriated in this paragraph
 20 35 "a" shall be expended only after all other funds appropriated
 21 1 in subsection 1 for assistance under the family investment
 21 2 program, in subsection 6 for state child care assistance, or
 21 3 in subsection 10 for technology costs related to the family
 21 4 investment program, as applicable, have been expended. For
 21 5 the purposes of this subsection, the funds appropriated in
 21 6 subsection 6, paragraph "a", for transfer to the child care
 21 7 and development block grant appropriation are considered fully
 21 8 expended when the full amount has been transferred.

21 9 b. The department shall, on a quarterly basis, advise the
 21 10 legislative services agency and department of management of
 21 11 the amount of funds appropriated in this subsection that was
 21 12 expended in the prior quarter.

21 13 12. Of the amounts appropriated in this section,
 21 14 \$12,962,008 for the fiscal year beginning July 1, 2019, is
 21 15 transferred to the appropriation of the federal social services
 21 16 block grant made to the department of human services for that
 21 17 fiscal year.

21 18 13. For continuation of the program providing categorical
 21 19 eligibility for the food assistance program as specified
 21 20 for the program in the section of this division of this Act
 21 21 relating to the family investment program account:
 21 22 \$ 14,236

21 23 14. The department may transfer funds allocated in this
 21 24 section to the appropriations made in this division of this Act
 21 25 for the same fiscal year for general administration and field
 21 26 operations for resources necessary to implement and operate the
 21 27 services referred to in this section and those funded in the
 21 28 appropriation made in this division of this Act for the same
 21 29 fiscal year for the family investment program from the general
 21 30 fund of the state.

21 31 15. With the exception of moneys allocated under this
 21 32 section for the family development and self-sufficiency grant
 21 33 program, to the extent moneys allocated in this section are
 21 34 deemed by the department not to be necessary to support the
 21 35 purposes for which they are allocated, such moneys may be
 22 1 used in the same fiscal year for any other purpose for which

Requires the DHS to submit quarterly reports to the LSA and the DOM regarding expenditures in this Section.

Requires \$12,962,008 of the federal TANF funds appropriated in this Section be transferred to the federal Social Services Block Grant appropriation.

DETAIL: This is no change compared to estimated net FY 2019.

Appropriates funds from the TANF FY 2020 Block Grant appropriation to the Promoting Healthy Marriage Program.

DETAIL: This is an increase of \$1,236 compared to estimated net FY 2019. This language provides for consistent eligibility determination both for households that are categorically eligible for Food Assistance due to eligibility for the Promoting Awareness of the Benefits of a Healthy Marriage Program and for the few households that cannot meet categorical eligibility criteria.

Permits the DHS to transfer funds to General Administration and Field Operations for costs associated with TANF-funded programs and the FIP.

Permits the DHS to transfer excess funds from the TANF Block Grant appropriation to the FIP Account to be used for assistance through the FIP within the same fiscal year and adds the Child Care Assistance Program to the list of programs to which the DHS can transfer available TANF funds.

22 2 funds are allocated in this section or in section 8 of this
 22 3 division for the family investment program account. If there
 22 4 are conflicting needs, priority shall first be given to the
 22 5 family investment program account as specified under subsection
 22 6 1 of this section and used for the purposes of assistance under
 22 7 the family investment program in accordance with chapter 239B,
 22 8 followed by state child care assistance program payments for
 22 9 families who are employed, followed by other priorities as
 22 10 specified by the department.

22 11 Sec. 8. FAMILY INVESTMENT PROGRAM ACCOUNT.

22 12 1. Moneys credited to the family investment program (FIP)
 22 13 account for the fiscal year beginning July 1, 2019, and
 22 14 ending June 30, 2020, shall be used to provide assistance in
 22 15 accordance with chapter 239B.

Requires funds credited to the FIP Account for FY 2020 to be used as specified in the Iowa Code.

22 16 2. The department may use a portion of the moneys credited
 22 17 to the FIP account under this section as necessary for
 22 18 salaries, support, maintenance, and miscellaneous purposes.

Permits the DHS to use FIP funds for various administrative purposes.

22 19 3. The department may transfer funds allocated in
 22 20 subsection 4, excluding the allocation under subsection 4,
 22 21 paragraph "b", to the appropriations made in this division of
 22 22 this Act for the same fiscal year for general administration
 22 23 and field operations for resources necessary to implement
 22 24 and operate the services referred to in this section and
 22 25 those funded in the appropriations made in section 7 for the
 22 26 temporary assistance for needy families block grant and in
 22 27 section 9 for the family investment program from the general
 22 28 fund of the state in this division of this Act for the same
 22 29 fiscal year.

Allows the DHS to transfer funds appropriated in this Section to General Administration and Field Operations to administer the TANF Block Grant, FIP Account, and the FIP General Fund Section. The transfer authority excludes the FaDSS subsection.

22 30 4. Moneys appropriated in this division of this Act and
 22 31 credited to the FIP account for the fiscal year beginning July
 22 32 1, 2019, and ending June 30, 2020, are allocated as follows:

Requires the TANF Block Grant funds appropriated to the FIP Account be allocated as specified.

22 33 a. To be retained by the department of human services to
 22 34 be used for coordinating with the department of human rights
 22 35 to more effectively serve participants in FIP and other shared
 23 1 clients and to meet federal reporting requirements under the
 23 2 federal temporary assistance for needy families block grant:
 23 3 \$ 20,000

Allocates \$20,000 to the DHS to be used for administrative services.

DETAIL: This is an increase of \$15,000 compared to the estimated net FY 2019 allocation to restore funding to the FY 2018 level.

23 4 b. To the department of human rights for staffing,
 23 5 administration, and implementation of the family development
 23 6 and self-sufficiency grant program in accordance with section
 23 7 216A.107:

Allocates \$6,192,834 of the FY 2020 General Fund appropriation for the FIP and TANF funds to the Department of Human Rights for the FaDSS Grant Program.

23	8 \$ 6,192,834	DETAIL: This is no change compared to the estimated net FY 2019 allocation.
23	9	(1) Of the funds allocated for the family development	Requires that a maximum of 5.00% of the allocation be spent on administration of the FaDSS Grant Program.
23	10	and self-sufficiency grant program in this paragraph "b",	
23	11	not more than 5 percent of the funds shall be used for the	
23	12	administration of the grant program.	
23	13	(2) The department of human rights may continue to implement	Permits the Department of Human Rights to continue to implement the FaDSS Grant Program in FY 2020.
23	14	the family development and self-sufficiency grant program	
23	15	statewide during fiscal year 2019-2020.	
23	16	(3) The department of human rights may engage in activities	Permits the Department of Human Rights to collect data and measure outcomes of the FaDSS Grant Program.
23	17	to strengthen and improve family outcomes measures and	
23	18	data collection systems under the family development and	
23	19	self-sufficiency grant program.	
23	20	c. For the diversion subaccount of the FIP account:	Allocates \$815,000 of FY 2020 TANF funds for the FIP Diversion subaccount. Permits a portion of the allocation to be used for field operations, salaries, data management system development, and implementation costs and support needed to administer the FIP Diversion Program.
23	21	..... \$ 815,000
23	22	A portion of the moneys allocated for the diversion	
23	23	subaccount may be used for field operations, salaries, data	
23	24	management system development, and implementation costs and	DETAIL: This is an increase of \$65,306 compared to the estimated net FY 2019 allocation to restore the allocation to the FY 2018 level.
23	25	support deemed necessary by the director of human services	
23	26	in order to administer the FIP diversion program. To the	
23	27	extent moneys allocated in this paragraph "c" are deemed by the	
23	28	department not to be necessary to support diversion activities,	
23	29	such moneys may be used for other efforts intended to increase	
23	30	engagement by family investment program participants in work,	
23	31	education, or training activities, or for the purposes of	
23	32	assistance under the family investment program in accordance	
23	33	with chapter 239B.	
23	34	d. For the food assistance employment and training program:	Allocates \$66,588 of FY 2020 FIP funds to the Food Assistance Employment and Training Program.
23	35	..... \$ 66,588
			DETAIL: This is no change compared to the estimated net FY 2019 allocation.
24	1	(1) The department shall apply the federal supplemental	Requires the DHS to amend the federal Supplemental Nutrition Assistance Program (SNAP) Employment and Training State Plan to maximize federal matching funds received.
24	2	nutrition assistance program (SNAP) employment and training	
24	3	state plan in order to maximize to the fullest extent permitted	
24	4	by federal law the use of the 50 percent federal reimbursement	
24	5	provisions for the claiming of allowable federal reimbursement	
24	6	funds from the United States department of agriculture	
24	7	pursuant to the federal SNAP employment and training program	
24	8	for providing education, employment, and training services	
24	9	for eligible food assistance program participants, including	

24 10 but not limited to related dependent care and transportation
24 11 expenses.

24 12 (2) The department shall continue the categorical federal
24 13 food assistance program eligibility at 160 percent of the
24 14 federal poverty level and continue to eliminate the asset test
24 15 from eligibility requirements, consistent with federal food
24 16 assistance program requirements. The department shall include
24 17 as many food assistance households as is allowed by federal
24 18 law. The eligibility provisions shall conform to all federal
24 19 requirements including requirements addressing individuals who
24 20 are incarcerated or otherwise ineligible.

Requires the DHS to continue Food Assistance Program eligibility to persons with income up to 160.00% of the Federal Poverty Level (FPL). The DHS is to conform to all federal requirements, including requirements addressing individuals who are incarcerated.

24 21 e. For the JOBS program:
24 22 \$ 12,018,258

Permits the DHS to allocate \$12,018,258 of the FY 2020 General Fund appropriation for the FIP and TANF funds for the PROMISE JOBS Program.

DETAIL: This is a decrease of \$121,563 compared to the estimated net FY 2019 allocation due to lower caseloads.

24 23 5. Of the child support collections assigned under FIP,
24 24 an amount equal to the federal share of support collections
24 25 shall be credited to the child support recovery appropriation
24 26 made in this division of this Act. Of the remainder of the
24 27 assigned child support collections received by the child
24 28 support recovery unit, a portion shall be credited to the FIP
24 29 account, a portion may be used to increase recoveries, and a
24 30 portion may be used to sustain cash flow in the child support
24 31 payments account. If as a consequence of the appropriations
24 32 and allocations made in this section the resulting amounts
24 33 are insufficient to sustain cash assistance payments and meet
24 34 federal maintenance of effort requirements, the department
24 35 shall seek supplemental funding. If child support collections
25 1 assigned under FIP are greater than estimated or are otherwise
25 2 determined not to be required for maintenance of effort, the
25 3 state share of either amount may be transferred to or retained
25 4 in the child support payments account.

Requires the federal share of child support collections recovered by the State be credited to the Child Support Recovery Unit. The remainder of support collected is credited to the FIP Account, and the DHS is permitted to use a portion to increase recoveries and to sustain cash flow in the Child Support Payments Account.

25 5 6. The department may adopt emergency rules for the family
25 6 investment, JOBS, food assistance, and medical assistance
25 7 programs if necessary to comply with federal requirements.

Permits the DHS to adopt emergency administrative rules for the FIP, the Food Stamp Program, and the Medicaid Program.

25 8 Sec. 9. FAMILY INVESTMENT PROGRAM GENERAL FUND. There
25 9 is appropriated from the general fund of the state to the
25 10 department of human services for the fiscal year beginning July
25 11 1, 2019, and ending June 30, 2020, the following amount, or
25 12 so much thereof as is necessary, to be used for the purpose
25 13 designated:

25 14 To be credited to the family investment program (FIP)
 25 15 account and used for family investment program assistance under
 25 16 chapter 239B:
 25 17 \$ 40,365,037

General Fund appropriation to the DHS for the FIP to be credited to the FIP Account. The appropriation for the FIP Account also contains funding for the PROMISE JOBS Program and FaDSS Program.

DETAIL: This is a net decrease of \$678 compared to estimated net FY 2019. The changes include:

- An increase of \$2,463,316 to support integration of SNAP and FIP eligibility in the Eligibility Integrated Application Solution (ELIAS) system.
- An increase of \$515,672 to replace child support collections revenue.
- A decrease of \$678 due to a general reduction.
- A decrease of \$2,978,988 due to declining caseloads in the FIP and PROMISE JOBS programs.

The appropriation maintains the current FIP payment levels (maximum grants of \$361 per month for a family with two persons and \$426 for a family with three persons).

25 18 1. Of the funds appropriated in this section, \$6,606,198 is
 25 19 allocated for the JOBS program.

General Fund allocation of \$6,606,198 for the PROMISE JOBS Program.

DETAIL: This is a decrease of \$121,563 compared to the estimated net FY 2019 allocation, due to decreased referrals to the Program.

25 20 2. Of the funds appropriated in this section, \$3,313,854 is
 25 21 allocated for the family development and self-sufficiency grant
 25 22 program.

General Fund allocation of \$3,313,854 for the FaDSS Program.

DETAIL: This is no change compared to the estimated net FY 2019 allocation.

25 23 3. a. Notwithstanding section 8.39, for the fiscal
 25 24 year beginning July 1, 2019, if necessary to meet federal
 25 25 maintenance of effort requirements or to transfer federal
 25 26 temporary assistance for needy families block grant funding
 25 27 to be used for purposes of the federal social services block
 25 28 grant or to meet cash flow needs resulting from delays in
 25 29 receiving federal funding or to implement, in accordance with
 25 30 this division of this Act, activities currently funded with
 25 31 juvenile court services, county, or community moneys and state
 25 32 moneys used in combination with such moneys; to comply with
 25 33 federal requirements; or to maximize the use of federal funds;
 25 34 the department of human services may transfer funds within or
 25 35 between any of the appropriations made in this division of this
 26 1 Act and appropriations in law for the federal social services

CODE: Specifies that the DHS has the authority to transfer TANF funds to the Social Services Block Grant as necessary to meet federal maintenance-of-effort requirements.

26 2 block grant to the department for the following purposes,
 26 3 provided that the combined amount of state and federal
 26 4 temporary assistance for needy families block grant funding
 26 5 for each appropriation remains the same before and after the
 26 6 transfer:
 26 7 (1) For the family investment program.
 26 8 (2) For state child care assistance.
 26 9 (3) For child and family services.
 26 10 (4) For field operations.
 26 11 (5) For general administration.
 26 12 b. This subsection shall not be construed to prohibit the
 26 13 use of existing state transfer authority for other purposes.
 26 14 The department shall report any transfers made pursuant to this
 26 15 subsection to the legislative services agency.

26 16 4. Of the funds appropriated in this section, \$195,000 shall
 26 17 be used for continuation of a grant to an Iowa-based nonprofit
 26 18 organization with a history of providing tax preparation
 26 19 assistance to low-income Iowans in order to expand the usage
 26 20 of the earned income tax credit. The purpose of the grant is
 26 21 to supply this assistance to underserved areas of the state.
 26 22 However, the department shall issue a request for proposals and
 26 23 execute a contract with the contractor selected to administer
 26 24 the program no later than January 1, 2020. The department
 26 25 shall not retain any portion of the allocation under this
 26 26 subsection for administrative costs.

General Fund allocation of \$195,000 to provide tax preparation assistance to low-income Iowans.

DETAIL: This is a decrease of \$678 compared to the estimated net FY 2019 allocation due to a general reduction.

Although the language continues the contract with the current contractor, the DHS is required to issue an RFP for the funds allocated and to execute a contract with the contractor selected to administer the program no later than January 1, 2020. The DHS cannot retain any portion of the allocation under this subsection for administrative costs.

26 27 5. Of the funds appropriated in this section, \$70,000 shall
 26 28 be used for the continuation of the parenting program, as
 26 29 specified in 441 IAC ch.100, relating to parental obligations,
 26 30 in which the child support recovery unit participates, to
 26 31 support the efforts of a nonprofit organization committed
 26 32 to strengthening the community through youth development,
 26 33 healthy living, and social responsibility headquartered in
 26 34 a county with a population over 350,000 according to the
 26 35 latest certified federal census. The funds allocated in this
 27 1 subsection shall be used by the recipient organization to
 27 2 develop a larger community effort, through public and private
 27 3 partnerships, to support a broad-based multi-county parenthood
 27 4 initiative that promotes payment of child support obligations,
 27 5 improved family relationships, and full-time employment.

General Fund allocation of \$70,000 for the Parenting Program (formerly the Fatherhood Initiative Pilot Project).

DETAIL: This is no change compared to the estimated net FY 2019 allocation. The entity receiving funding for the Parenting Program in FY 2019 was the John R. Grubb YMCA in Des Moines. The Program is designed to strengthen parental skills and involvement of men who are living apart from their children. The Program offers classes in health and nutrition, effective communication, co-parenting, financial education, and community resources.

27 6 6. The department may transfer funds appropriated in this
 27 7 section, excluding the allocation in subsection 2 for the
 27 8 family development and self-sufficiency grant program, to the
 27 9 appropriations made in this division of this Act for general
 27 10 administration and field operations as necessary to administer

Allows the DHS to transfer funds appropriated in this Section to General Administration and Field Operations to administer the TANF Block Grant, FIP Account, and the FIP General Fund Section. The transfer authority excludes the FaDSS subsection.

27 11 this section, section 7 for the temporary assistance for needy
 27 12 families block grant, and section 8 for the family investment
 27 13 program account.

27 14 Sec. 10. CHILD SUPPORT RECOVERY. There is appropriated
 27 15 from the general fund of the state to the department of human
 27 16 services for the fiscal year beginning July 1, 2019, and ending
 27 17 June 30, 2020, the following amount, or so much thereof as is
 27 18 necessary, to be used for the purposes designated:

27 19 For child support recovery, including salaries, support,
 27 20 maintenance, and miscellaneous purposes, and for not more than
 27 21 the following full-time equivalent positions:
 27 22 \$ 14,749,368
 27 23 FTEs 459.00

General Fund appropriation to the DHS for the Child Support Recovery Unit.

DETAIL: This is a net increase of \$162,733 and 42.00 FTE positions compared to estimated net FY 2019. The changes include:

- An increase of \$163,062 due to increased costs of providing services.
- A decrease of \$329 due to a general reduction.
- An increase of 42.00 FTE positions to match the FY 2019 authorized amount.

27 24 1. The department shall expend up to \$24,000, including
 27 25 federal financial participation, for the fiscal year beginning
 27 26 July 1, 2019, for a child support public awareness campaign.
 27 27 The department and the office of the attorney general shall
 27 28 cooperate in continuation of the campaign. The public
 27 29 awareness campaign shall emphasize, through a variety of
 27 30 media activities, the importance of maximum involvement of
 27 31 both parents in the lives of their children as well as the
 27 32 importance of payment of child support obligations.

Requires the DHS to expend up to \$24,000 during FY 2020 for a child support public awareness campaign. The funding limitation includes federal funds. The campaign is to be operated in cooperation with the Office of the Attorney General and is to emphasize parental involvement and financial support.

DETAIL: This is a decrease of \$329 compared to the estimated net FY 2019 limit due to a general reduction.

27 33 2. Federal access and visitation grant moneys shall be
 27 34 issued directly to private not-for-profit agencies that provide
 27 35 services designed to increase compliance with the child access
 28 1 provisions of court orders, including but not limited to
 28 2 neutral visitation sites and mediation services.

Specifies the process for utilization of receipts from federal Access and Visitation Grants.

28 3 3. The appropriation made to the department for child
 28 4 support recovery may be used throughout the fiscal year in the
 28 5 manner necessary for purposes of cash flow management, and for
 28 6 cash flow management purposes the department may temporarily
 28 7 draw more than the amount appropriated, provided the amount
 28 8 appropriated is not exceeded at the close of the fiscal year.

Permits the DHS to use the appropriation for Child Support Recovery as necessary and draw more than appropriated if needed to solve any cash flow problems, provided the amount appropriated is not exceeded at the end of the fiscal year.

28 9 Sec. 11. HEALTH CARE TRUST FUND — MEDICAL ASSISTANCE —
 28 10 FY 2019-2020. Any funds remaining in the health care trust
 28 11 fund created in section 453A.35A for the fiscal year beginning

Appropriates the balance of the Health Care Trust Fund (HCTF) to the Medicaid Program for FY 2020.

28 12 July 1, 2019, and ending June 30, 2020, are appropriated to
 28 13 the department of human services to supplement the medical
 28 14 assistance program appropriations made in this division of this
 28 15 Act, for medical assistance reimbursement and associated costs,
 28 16 including program administration and costs associated with
 28 17 program implementation.

DETAIL: It is estimated that there will be \$208,460,000 available for Medicaid in FY 2020. This is a decrease of \$1,270,000 compared to the FY 2019 estimate. The Fund consists of the revenues generated from the tax on cigarettes and tobacco products. Both the FY 2019 and FY 2020 estimates were revised based on the March 15, 2019, Revenue Estimating Conference estimate.

28 18 Sec. 12. MEDICAID FRAUD FUND — MEDICAL ASSISTANCE — FY
 28 19 2019-2020. Any funds remaining in the Medicaid fraud fund
 28 20 created in section 249A.50 for the fiscal year beginning
 28 21 July 1, 2019, and ending June 30, 2020, are appropriated to
 28 22 the department of human services to supplement the medical
 28 23 assistance appropriations made in this division of this Act,
 28 24 for medical assistance reimbursement and associated costs,
 28 25 including program administration and costs associated with
 28 26 program implementation.

Appropriates the balance of the Medicaid Fraud Fund (MFF) to the Medicaid Program for FY 2020.

DETAIL: It is estimated that there will be \$75,000 available. This is a decrease of \$425,000 compared to the FY 2019 estimate due to decreased revenues. The Fund consists of the revenues generated from penalties received as a result of prosecutions involving the Department of Inspections and Appeals (DIA) and audits to ensure compliance with the Medicaid Program.

28 27 Sec. 13. MEDICAL ASSISTANCE. There is appropriated from the
 28 28 general fund of the state to the department of human services
 28 29 for the fiscal year beginning July 1, 2019, and ending June 30,
 28 30 2020, the following amount, or so much thereof as is necessary,
 28 31 to be used for the purpose designated:
 28 32 For medical assistance program reimbursement and associated
 28 33 costs as specifically provided in the reimbursement
 28 34 methodologies in effect on June 30, 2019, except as otherwise
 28 35 expressly authorized by law, consistent with options under
 29 1 federal law and regulations, and contingent upon receipt of
 29 2 approval from the office of the governor of reimbursement for
 29 3 each abortion performed under the program:
 29 4 \$1,427,379,707

General Fund appropriation to the DHS for the Medicaid Program.

DETAIL: This is a net decrease of \$60,761,668 compared to estimated net FY 2019. The changes include:

- An increase of \$62,420,058 to fund the Program \$183,520 below the Governor's recommendation.
- An increase of \$23,401,942 to rebase nursing facility reimbursement rates.
- An increase of \$1,500,000 to increase reimbursement rates for critical access hospitals.
- An increase of \$1,200,000 to eliminate the waiting list for the Children's Mental Health HCBS waiver.
- An increase of \$1,000,000 for tiered rate reimbursement for supported community living.
- An increase of \$211,332 to increase reimbursement rates for Assertive Community Treatment (ACT).
- A decrease of \$195,000 to account for the Governor's veto of funds allocated for a partnership between the University of Iowa Hospitals and Clinics (UIHC) and a nonprofit entity to refurbish durable medical equipment (DME).
- A decrease of \$150,300,000 to adjust for the FY 2019 supplemental appropriation.

29 5 1. Iowans support reducing the number of abortions
 29 6 performed in our state. Funds appropriated under this section
 29 7 shall not be used for abortions, unless otherwise authorized
 29 8 under this section.

Specifies conditions that permit the Medicaid Program to reimburse providers for abortion services.

29 9 2. The provisions of this section relating to abortions
 29 10 shall also apply to the Iowa health and wellness plan created
 29 11 pursuant to chapter 249N.

Specifies that the policy on abortion also applies to the Iowa Health and Wellness Program.

29 12 3. The department shall utilize not more than \$60,000 of
 29 13 the funds appropriated in this section to continue the AIDS/HIV
 29 14 health insurance premium payment program as established in 1992
 29 15 Iowa Acts, Second Extraordinary Session, chapter 1001, section
 29 16 409, subsection 6. Of the funds allocated in this subsection,
 29 17 not more than \$5,000 may be expended for administrative
 29 18 purposes.

Requires the DHS to use a maximum of \$60,000 of the funds appropriated for the Medicaid Program to continue the AIDS/HIV Health Insurance Premium Payment Program as established during the 1992 General Assembly, Second Extraordinary Session. Requires that administrative costs be limited to \$5,000.

DETAIL: This is no change compared to the estimated net FY 2019 allocation.

29 19 4. Of the funds appropriated in this Act to the department
 29 20 of public health for addictive disorders, \$950,000 for
 29 21 the fiscal year beginning July 1, 2019, is transferred
 29 22 to the department of human services for an integrated
 29 23 substance-related disorder managed care system. The
 29 24 departments of human services and public health shall
 29 25 work together to maintain the level of mental health and
 29 26 substance-related disorder treatment services provided by the
 29 27 managed care contractors. Each department shall take the steps
 29 28 necessary to continue the federal waivers as necessary to
 29 29 maintain the level of services.

Requires that \$950,000 of the Addictive Disorders appropriation to the DPH for Substance Abuse Grants be transferred to the Medicaid Program in the DHS for continuation of the Managed Substance Abuse Treatment Program.

DETAIL: This is no change compared to the estimated net FY 2019 allocation. The Managed Substance Abuse Treatment Program was first funded in FY 1996.

29 30 5. a. The department shall aggressively pursue options for
 29 31 providing medical assistance or other assistance to individuals
 29 32 with special needs who become ineligible to continue receiving
 29 33 services under the early and periodic screening, diagnostic,
 29 34 and treatment program under the medical assistance program
 29 35 due to becoming 21 years of age who have been approved for
 30 1 additional assistance through the department's exception to
 30 2 policy provisions, but who have health care needs in excess
 30 3 of the funding available through the exception to policy
 30 4 provisions.

Requires the DHS to aggressively pursue options for assisting special needs individuals who become ineligible for continued services under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program as a result of turning 21 years of age. The individuals are to have been approved for additional assistance through the DHS exception to policy process but have health care needs exceeding available funding. This Section requires the Department to allocate \$100,000 to fund one or more pilot projects focused on providing care in the community.

DETAIL: This is no change compared to the estimated net FY 2019 allocation.

30 5 b. Of the funds appropriated in this section, \$100,000
 30 6 shall be used for participation in one or more pilot projects
 30 7 operated by a private provider to allow the individual or
 30 8 individuals to receive service in the community in accordance
 30 9 with principles established in *Olmstead v.L.C.*, 527 U.S.581
 30 10 (1999), for the purpose of providing medical assistance or
 30 11 other assistance to individuals with special needs who become
 30 12 ineligible to continue receiving services under the early and
 30 13 periodic screening, diagnostic, and treatment program under
 30 14 the medical assistance program due to becoming 21 years of
 30 15 age who have been approved for additional assistance through
 30 16 the department's exception to policy provisions, but who have

30 17 health care needs in excess of the funding available through
30 18 the exception to the policy provisions.

30 19 6. Of the funds appropriated in this section, up to
30 20 \$3,050,082 may be transferred to the field operations or
30 21 general administration appropriations in this division of this
30 22 Act for operational costs associated with Part D of the federal
30 23 Medicare Prescription Drug Improvement and Modernization Act
30 24 of 2003, Pub.L.No.108-173.

Permits the DHS to transfer up to \$3,050,082 to Field Operations or General Administration for implementation costs of the new Medicare Part D prescription drug benefit and low-income subsidy application processes.

DETAIL: This is no change compared to the estimated net FY 2019 allocation.

30 25 7. Of the funds appropriated in this section, up to \$442,100
30 26 may be transferred to the appropriation in this division
30 27 of this Act for medical contracts to be used for clinical
30 28 assessment services and prior authorization of services.

Permits a maximum of \$442,100 of Medicaid funds to be transferred to clinical assessment services.

DETAIL: This is no change compared to the estimated net FY 2019 allocation.

30 29 8. A portion of the funds appropriated in this section
30 30 may be transferred to the appropriations in this division of
30 31 this Act for general administration, medical contracts, the
30 32 children's health insurance program, or field operations to be
30 33 used for the state match cost to comply with the payment error
30 34 rate measurement (PERM) program for both the medical assistance
30 35 and children's health insurance programs as developed by the
31 1 centers for Medicare and Medicaid services of the United States
31 2 department of health and human services to comply with the
31 3 federal Improper Payments Information Act of 2002, Pub.L.
31 4 No.107-300, and to support other reviews and quality control
31 5 activities to improve the integrity of these programs.

Permits the DHS to use a portion of the funds appropriated to carry out the Payment Error Rate Measurement (PERM) Program and other reviews and quality control activities. This continues the DHS compliance with the federal Improper Payments Information Act of 2002.

DETAIL: The PERM Program measures improper payments in Medicaid and the Children's Health Insurance Program (CHIP), and produces error rates for each program. Error rates are based on reviews of the fee-for-service (FFS), managed care, and eligibility components of Medicaid and CHIP in the fiscal year under review. It is important to note the error rate is not a "fraud rate" but simply a measurement of payments made that did not meet statutory, regulatory, or administrative requirements.

31 6 9. The department shall continue to implement the
31 7 recommendations of the assuring better child health and
31 8 development initiative II (ABCDII) clinical panel to the
31 9 Iowa early and periodic screening, diagnostic, and treatment
31 10 services healthy mental development collaborative board
31 11 regarding changes to billing procedures, codes, and eligible
31 12 service providers.

Requires the DHS to continue to implement the recommendations of the Assuring Better Child Health and Development Initiative II (ABCDII) Clinical Panel for changes to billing procedures, codes, and eligible service providers.

31 13 10. Of the funds appropriated in this section, a sufficient
31 14 amount is allocated to supplement the incomes of residents of
31 15 nursing facilities, intermediate care facilities for persons
31 16 with mental illness, and intermediate care facilities for
31 17 persons with an intellectual disability, with incomes of less
31 18 than \$50 in the amount necessary for the residents to receive a

Requires the DHS to provide residents of nursing facilities, intermediate care facilities for persons with mental illness, and intermediate care facilities for persons with an intellectual disability with a personal needs allowance of \$50 per month.

DETAIL: This is no change compared to the FY 2019 allowance.

31 19 personal needs allowance of \$50 per month pursuant to section
31 20 249A.30A.

31 21 11. a. Hospitals that meet the conditions specified
31 22 in subparagraphs (1) and (2) shall either certify public
31 23 expenditures or transfer to the medical assistance program
31 24 an amount equal to provide the nonfederal share for a
31 25 disproportionate share hospital payment in an amount up to the
31 26 hospital-specific limit as approved in the Medicaid state plan.
31 27 The hospitals that meet the conditions specified shall receive
31 28 and retain 100 percent of the total disproportionate share
31 29 hospital payment in an amount up to the hospital-specific limit
31 30 as approved in the Medicaid state plan.

31 31 (1) The hospital qualifies for disproportionate share and
31 32 graduate medical education payments.

31 33 (2) The hospital is an Iowa state-owned hospital with more
31 34 than 500 beds and eight or more distinct residency specialty
31 35 or subspecialty programs recognized by the American college of
32 1 graduate medical education.

32 2 b. Distribution of the disproportionate share payments
32 3 shall be made on a monthly basis. The total amount of
32 4 disproportionate share payments including graduate medical
32 5 education, enhanced disproportionate share, and Iowa
32 6 state-owned teaching hospital payments shall not exceed the
32 7 amount of the state's allotment under Pub.L.No.102-234.
32 8 In addition, the total amount of all disproportionate
32 9 share payments shall not exceed the hospital-specific
32 10 disproportionate share limits under Pub.L.No.103-66.

32 11 12. One hundred percent of the nonfederal share of payments
32 12 to area education agencies that are medical assistance
32 13 providers for medical assistance-covered services provided to
32 14 medical assistance-covered children, shall be made from the
32 15 appropriation made in this section.

32 16 13. A portion of the funds appropriated in this section
32 17 may be transferred to the appropriation in this division of
32 18 this Act for medical contracts to be used for administrative
32 19 activities associated with the money follows the person
32 20 demonstration project.

32 21 14. Of the funds appropriated in this section, \$349,011
32 22 shall be used for the administration of the health insurance
32 23 premium payment program, including salaries, support,
32 24 maintenance, and miscellaneous purposes.

32 25 15. a. The department may increase the amounts allocated

Specifies that the UIHC is to either use Certified Public Expenditures or transfer the amount necessary within the disproportionate share hospital (DSH) limit to the Medicaid Program to provide the nonfederal share of the DSH payment. The UIHC will retain 100.00% of the DSH payment.

Allocates Medicaid funds to Area Education Agencies.

Specifies that a portion of the Medicaid funding may be transferred to Medical Contracts for administrative activities related to the Money Follows the Person demonstration project.

General Fund allocation of \$349,011 to the Health Insurance Premium Payment Program.

DETAIL: This is no change compared to the estimated net FY 2019 allocation.

Specifies the DHS may increase the amounts allocated for salaries,

32 26 for salaries, support, maintenance, and miscellaneous purposes
 32 27 associated with the medical assistance program, as necessary,
 32 28 to sustain cost management efforts. The department shall
 32 29 report any such increase to the legislative services agency and
 32 30 the department of management.

support, maintenance, and miscellaneous purposes associated with the Medicaid Program. The DHS is required to report any increase to the LSA and the DOM.

32 31 b. If the savings to the medical assistance program from
 32 32 ongoing cost management efforts exceed the associated cost
 32 33 for the fiscal year beginning July 1, 2019, the department
 32 34 may transfer any savings generated for the fiscal year due
 32 35 to medical assistance program cost management efforts to the
 33 1 appropriation made in this division of this Act for medical
 33 2 contracts or general administration to defray the costs
 33 3 associated with implementing the efforts.

Specifies if savings to the Medicaid Program for cost management efforts exceed costs, the DHS may transfer any savings to the Medical Contracts or General Administration appropriations to defray the costs associated with implementation of cost management efforts.

33 4 16. For the fiscal year beginning July 1, 2019, and ending
 33 5 June 30, 2020, the replacement generation tax revenues required
 33 6 to be deposited in the property tax relief fund pursuant to
 33 7 section 437A.8, subsection 4, paragraph "d", and section
 33 8 437A.15, subsection 3, paragraph "f", shall instead be credited
 33 9 to and supplement the appropriation made in this section and
 33 10 used for the allocations made in this section.

Requires the replacement generation tax revenues be allocated to the Medicaid appropriation instead of being deposited into the Property Tax Relief Fund.

DETAIL: It is estimated there will be approximately \$1,220,387 allocated to Medicaid. This is a decrease of \$188,281 compared to the estimated net FY 2019 allocation. Under current law, a company that acquires a new electric power generating plant and has no operating property in Iowa is required to pay the replacement generation tax, which is credited to the Property Tax Relief Fund. The Dwayne Arnold Energy Center (near Cedar Rapids) was purchased by a Florida company with no other facilities in Iowa in 2006.

33 11 17. a. Of the funds appropriated in this section, up
 33 12 to \$50,000 may be transferred by the department to the
 33 13 appropriation made in this division of this Act to the
 33 14 department for the same fiscal year for general administration
 33 15 to be used for associated administrative expenses and for not
 33 16 more than 1.00 full-time equivalent position, in addition to
 33 17 those authorized for the same fiscal year, to be assigned to
 33 18 implementing the children's mental health home project.

Allows the DHS to transfer up to \$50,000 to be used for administrative expenses related to the implementation of children's mental health homes.

DETAIL: This is no change compared to the estimated net FY 2019 allocation.

33 19 b. Of the funds appropriated in this section, up to \$400,000
 33 20 may be transferred by the department to the appropriation made
 33 21 to the department in this division of this Act for the same
 33 22 fiscal year for Medicaid program-related general administration
 33 23 planning and implementation activities. The funds may be used
 33 24 for contracts or for personnel in addition to the amounts
 33 25 appropriated for and the positions authorized for general
 33 26 administration for the fiscal year.

Permits the DHS to transfer up to \$400,000 to be used for administrative support to implement the MHDS Redesign and the Balancing Incentive Payment Program (BIPP).

DETAIL: This is no change compared to the estimated net FY 2019 allocation.

33 27 c. Of the funds appropriated in this section, up to
 33 28 \$3,000,000 may be transferred by the department to the

Permits the DHS to transfer up to \$3,000,000 to be used for the implementation of standardized assessment tools for persons with

33 29 appropriations made in this division of this Act for the same
 33 30 fiscal year for general administration or medical contracts
 33 31 to be used to support the development and implementation of
 33 32 standardized assessment tools for persons with mental illness,
 33 33 an intellectual disability, a developmental disability, or a
 33 34 brain injury.

mental illness, intellectual disabilities, developmental disabilities, or brain injuries.

DETAIL: This is no change compared to the estimated net FY 2019 allocation.

33 35 18. Of the funds appropriated in this section, \$150,000
 34 1 shall be used for lodging expenses associated with care
 34 2 provided at the university of Iowa hospitals and clinics for
 34 3 patients with cancer whose travel distance is 30 miles or more
 34 4 and whose income is at or below 200 percent of the federal
 34 5 poverty level as defined by the most recently revised poverty
 34 6 income guidelines published by the United States department of
 34 7 health and human services. The department of human services
 34 8 shall establish the maximum number of overnight stays and the
 34 9 maximum rate reimbursed for overnight lodging, which may be
 34 10 based on the state employee rate established by the department
 34 11 of administrative services. The funds allocated in this
 34 12 subsection shall not be used as nonfederal share matching
 34 13 funds.

Allocates \$150,000 to the UIHC to be used for lodging expenses for cancer patients with income below 200.00% of the federal poverty level who travel 30 miles or more to receive treatment.

DETAIL: This is no change compared to the estimated net FY 2019 allocation.

34 14 19. Of the funds appropriated in this section, up to
 34 15 \$3,383,880 shall be used for administration of the state family
 34 16 planning services program pursuant to section 217.41B, and
 34 17 of this amount, the department may use up to \$200,000 for
 34 18 administrative expenses.

Allocates \$3,383,880 to administer the State Family Planning Services Program. Permits up to \$200,000 to be used for administrative expenses.

DETAIL: This is no change compared to the estimated net FY 2019 allocation.

34 19 20. Of the funds appropriated in this section, \$1,545,530
 34 20 shall be used and may be transferred to other appropriations
 34 21 in this division of this Act as necessary to administer the
 34 22 provisions in the division of this Act relating to Medicaid
 34 23 program administration.

Allocates \$1,545,530 for activities related to Medicaid Oversight.

DETAIL: This is no change compared to the estimated net FY 2019 allocation.

34 24 21. The department shall continue to implement and
 34 25 administer the provisions of 2018 Iowa Acts, chapter 1056.
 34 26 Of the funds appropriated in this section, up to \$39,069 may
 34 27 be transferred to the department of inspections and appeals
 34 28 for inspection costs related to such implementation and
 34 29 administration.

Requires the DHS to continue to implement and administer the requirements of [HF 2456](#) (Mental Health Complex Needs Workgroup Report Act) and transfer up to \$39,069 for costs related to inspections for subacute facilities.

34 30 22. Of the funds appropriated in this section, up to
 34 31 \$1,200,000 shall be used to implement reductions in the waiting
 34 32 list for the children's mental health home and community-based
 34 33 services waiver.

Allocates \$1,200,000 to eliminate the Children's Mental HCBS waiver waiting list.

DETAIL: This is a new allocation for FY 2020. There were 1,051 children on the waiting list as of March 1, 2019.

34 34 23. Of the funds appropriated in this section, \$1,500,000
 34 35 shall be used to provide reimbursement to critical access
 35 1 hospitals for inpatient and outpatient services based on
 35 2 a critical access hospital adjustment factor methodology
 35 3 developed by the department as provided in this division of
 35 4 this Act.

Allocates \$1,500,000 to increase reimbursement rates for critical access hospital inpatient and outpatient services.

DETAIL: This is a new allocation for FY 2020.

35 5 24. The department of human services shall utilize
 35 6 \$1,000,000 of the funds appropriated under this section to
 35 7 increase the current supported community living provider
 35 8 daily rates for all tiers under the tiered rate reimbursement
 35 9 methodology effective with dates of service beginning July
 35 10 1, 2019. The funding amount shall be divided equally among
 35 11 all tiers and applied within each tier in accordance with the
 35 12 recommendations of the actuary. However, no resulting rates
 35 13 shall be lower than the rates in effect on June 30, 2019.

Requires \$1,000,000 to be used to increase the current supported community living reimbursement rates for all tiers. The funding is to be distributed equally and no tier may be reimbursed less than the current rate.

DETAIL: This is a new allocation for FY 2020.

35 14 Sec. 14. MEDICAL CONTRACTS. There is appropriated from the
 35 15 general fund of the state to the department of human services
 35 16 for the fiscal year beginning July 1, 2019, and ending June 30,
 35 17 2020, the following amount, or so much thereof as is necessary,
 35 18 to be used for the purpose designated:
 35 19 For medical contracts:
 35 20 \$ 17,992,530

General Fund appropriation to Medical Contracts.

DETAIL: This is an increase of \$1,389,332 compared to estimated net FY 2019. The changes include:

- An increase of \$1,212,073 due to a decrease in funding available from the Pharmaceutical Settlement Account.
- An increase of \$177,259 for reprourement costs for the Medicaid Management Information System (MMIS).

35 21 1. The department of inspections and appeals shall
 35 22 provide all state matching funds for survey and certification
 35 23 activities performed by the department of inspections
 35 24 and appeals. The department of human services is solely
 35 25 responsible for distributing the federal matching funds for
 35 26 such activities.

Requires the DIA to provide the State matching funds for survey and certification activities.

35 27 2. Of the funds appropriated in this section, \$50,000 shall
 35 28 be used for continuation of home and community-based services
 35 29 waiver quality assurance programs, including the review and
 35 30 streamlining of processes and policies related to oversight and
 35 31 quality management to meet state and federal requirements.

Allocates \$50,000 for the HCBS Waiver Quality Assurance Program to review and streamline processes and policies related to oversight.

DETAIL: This is no change compared to the estimated net FY 2019 allocation. The Program reviews policies related to oversight and quality management to meet State and federal requirements.

35 32 3. Of the amount appropriated in this section, up to
 35 33 \$200,000 may be transferred to the appropriation for general
 35 34 administration in this division of this Act to be used for
 35 35 additional full-time equivalent positions in the development
 36 1 of key health initiatives such as development and oversight

Permits up to \$200,000 to be transferred to the DHS General Administration appropriation to hire additional FTE positions to implement cost containment and managed care oversight initiatives.

DETAIL: This is no change compared to the estimated net FY 2019

36 2 of managed care programs and development of health strategies
 36 3 targeted toward improved quality and reduced costs in the
 36 4 Medicaid program.

allocation.

36 5 4. Of the funds appropriated in this section, \$1,000,000
 36 6 shall be used for planning and development, in cooperation with
 36 7 the department of public health, of a phased-in program to
 36 8 provide a dental home for children.

Allocates \$1,000,000 to the I-Smile Program.

DETAIL: This is no change compared to the estimated net FY 2019 allocation. The I-Smile Dental Home Initiative is a program that helps Iowa's children connect with dental services.

36 9 5. a. Of the funds appropriated in this section, \$573,000
 36 10 shall be credited to the autism support program fund created
 36 11 in section 225D.2 to be used for the autism support program
 36 12 created in chapter 225D, with the exception of the following
 36 13 amount of this allocation which shall be used as follows:

Allocates \$573,000 to the Autism Support Program.

DETAIL: This is no change compared to the estimated net FY 2019 allocation. This Program was created in FY 2014, and the funds are to be used to provide applied behavioral analysis and other treatment for children who do not qualify for Medicaid or autism coverage under private insurance.

36 14 b. Of the funds allocated in this subsection, \$25,000 shall
 36 15 be used for the public purpose of continuation of a grant to a
 36 16 nonprofit provider of child welfare services that has been in
 36 17 existence for more than 115 years, is located in a county with
 36 18 a population between 200,000 and 220,000 according to the most
 36 19 recent federal decennial census, is licensed as a psychiatric
 36 20 medical institution for children, and provides school-based
 36 21 programming, to be used for support services for children with
 36 22 autism spectrum disorder and their families.

Allocates \$25,000 from the \$573,000 Autism Support Program allocation to Tanager Place for various autism spectrum disorder services.

DETAIL: This is no change compared to the estimated net FY 2019 allocation.

36 23 Sec. 15. STATE SUPPLEMENTARY ASSISTANCE.

General Fund appropriation to the DHS for State Supplementary Assistance.

36 24 1. There is appropriated from the general fund of the
 36 25 state to the department of human services for the fiscal year
 36 26 beginning July 1, 2019, and ending June 30, 2020, the following
 36 27 amount, or so much thereof as is necessary, to be used for the
 36 28 purpose designated:

DETAIL: This is a decrease of \$2,437,964 compared to estimated net FY 2019 due to declining caseloads.

36 29 For the state supplementary assistance program:

36 30 \$ 7,812,909

36 31 2. The department shall increase the personal needs
 36 32 allowance for residents of residential care facilities by the
 36 33 same percentage and at the same time as federal supplemental
 36 34 security income and federal social security benefits are
 36 35 increased due to a recognized increase in the cost of living.

Requires the DHS to increase the personal needs allowance of residential care facility residents at the same rate and time as federal Supplemental Security Income (SSI) and Social Security benefits are increased. Permits the DHS to adopt emergency rules for implementation.

37 1 The department may adopt emergency rules to implement this
 37 2 subsection.

37 3 3. If during the fiscal year beginning July 1, 2019,
 37 4 the department projects that state supplementary assistance

Permits the DHS to adjust rates for State Supplementary Assistance to meet federal maintenance-of-effort requirements. Permits the DHS to

37 5 expenditures for a calendar year will not meet the federal
 37 6 pass-through requirement specified in Tit.XVI of the federal
 37 7 Social Security Act, section 1618, as codified in 42 U.S.C.
 37 8 §1382g, the department may take actions including but not
 37 9 limited to increasing the personal needs allowance for
 37 10 residential care facility residents and making programmatic
 37 11 adjustments or upward adjustments of the residential care
 37 12 facility or in-home health-related care reimbursement rates
 37 13 prescribed in this division of this Act to ensure that federal
 37 14 requirements are met. In addition, the department may make
 37 15 other programmatic and rate adjustments necessary to remain
 37 16 within the amount appropriated in this section while ensuring
 37 17 compliance with federal requirements. The department may adopt
 37 18 emergency rules to implement the provisions of this subsection.

adopt emergency rules for implementation.

37 19 4. Notwithstanding section 8.33, moneys appropriated in
 37 20 this section that remain unencumbered or unobligated at the
 37 21 close of the fiscal year shall not revert but shall remain
 37 22 available for expenditure for the purposes designated until the
 37 23 close of the succeeding fiscal year.

CODE: Allows any unexpended funds appropriated for the State Supplementary Assistance Program for FY 2020 to remain available for FY 2021.

37 24 Sec. 16. CHILDREN'S HEALTH INSURANCE PROGRAM.

General Fund appropriation to the DHS for the Children's Health Insurance Program, also known as the Healthy and Well Kids in Iowa (hawk-i) Program.

37 25 1. There is appropriated from the general fund of the
 37 26 state to the department of human services for the fiscal year
 37 27 beginning July 1, 2019, and ending June 30, 2020, the following
 37 28 amount, or so much thereof as is necessary, to be used for the
 37 29 purpose designated:

DETAIL: This is a net increase of \$12,297,055 compared to estimated net FY 2019. The changes include:

37 30 For maintenance of the healthy and well kids in Iowa (hawk-i)
 37 31 program pursuant to chapter 514I, including supplemental dental
 37 32 services, for receipt of federal financial participation under
 37 33 Tit.XXI of the federal Social Security Act, which creates the
 37 34 children's health insurance program:
 37 35 \$ 19,361,112

- An increase of \$11,431,782 due to adjustments to the Federal Medical Assistance Percentage (FMAP) rate.
- An increase of \$528,778 to replace carryforward available from FY 2018 to FY 2019.
- An increase of \$306,685 to reflect the current Program forecasted need.
- An increase of \$171,540 for 2.50% growth in enrollment.
- An increase of \$8,620 due to increased administrative costs.
- A decrease of \$150,350 due to the elimination of the health insurer fee implemented as part of the Affordable Care Act.

38 1 2. Of the funds appropriated in this section, \$79,486 is
 38 2 allocated for continuation of the contract for outreach with
 38 3 the department of public health.

Allocates \$79,486 for the continuation of an outreach contract with the DPH.

DETAIL: This is an increase of \$36,686 compared to the estimated net FY 2019 allocation due to an adjustment to the FMAP rate.

38 4 3. A portion of the funds appropriated in this section may
 38 5 be transferred to the appropriations made in this division of

Allows a portion of the funds in this Section to be transferred to the Field Operations or Medical Contracts appropriations to be used for

38 6 this Act for field operations or medical contracts to be used
 38 7 for the integration of hawk-i program eligibility, payment, and
 38 8 administrative functions under the purview of the department
 38 9 of human services, including for the Medicaid management
 38 10 information system upgrade.

administrative purposes.

38 11 Sec. 17. CHILD CARE ASSISTANCE. There is appropriated
 38 12 from the general fund of the state to the department of human
 38 13 services for the fiscal year beginning July 1, 2019, and ending
 38 14 June 30, 2020, the following amount, or so much thereof as is
 38 15 necessary, to be used for the purpose designated:

General Fund appropriation to the DHS for Child Care Assistance (CCA).

DETAIL: This is no net change compared to estimated net FY 2019. The changes include:

38 16 For child care programs:
 38 17 \$ 40,816,931

- An increase of \$3,000,000 to annualize the increased provider rates in 2018 Iowa Acts, chapter [1165](#) (FY 2019 Health and Human Services Appropriations Act).
- An increase of \$4,045,763 to reflect the December 2018 CCA Program forecasted need.
- A decrease of \$8,054,835 to use additional Child Care Development Fund dollars.
- An increase of \$1,009,072 to meet the federal Child Care Development Block Grant quality set-aside requirements.

38 18 1. Of the funds appropriated in this section, \$34,966,931
 38 19 shall be used for state child care assistance in accordance
 38 20 with section 237A.13.

Allocates \$34,966,931 to the State CCA Program.

DETAIL: This is no change compared to the estimated net FY 2019 allocation.

38 21 2. Nothing in this section shall be construed or is
 38 22 intended as or shall imply a grant of entitlement for services
 38 23 to persons who are eligible for assistance due to an income
 38 24 level consistent with the waiting list requirements of section
 38 25 237A.13. Any state obligation to provide services pursuant to
 38 26 this section is limited to the extent of the funds appropriated
 38 27 in this section.

Specifies that assistance from the CCA Program is not an entitlement and the State's obligation to provide services is limited to the funds available.

38 28 3. A list of the registered and licensed child care
 38 29 facilities operating in the area served by a child care
 38 30 resource and referral service shall be made available to the
 38 31 families receiving state child care assistance in that area.

Requires a list of the registered and licensed child care facilities be made available by the Child Care Resource and Referral Service for families receiving assistance under the CCA Program.

38 32 4. Of the funds appropriated in this section, \$5,850,000
 38 33 shall be credited to the early childhood programs grants
 38 34 account in the early childhood Iowa fund created in section
 38 35 256I.11. The moneys shall be distributed for funding of
 39 1 community-based early childhood programs targeted to children
 39 2 from birth through five years of age developed by early
 39 3 childhood Iowa areas in accordance with approved community

Allocates \$5,850,000 to be transferred to the Early Childhood Programs Grants Account in the Early Childhood Iowa Fund.

DETAIL: This is no change compared to the estimated net FY 2019 allocation.

39 4 plans as provided in section 256I.8.

39 5 5. The department may use any of the funds appropriated
 39 6 in this section as a match to obtain federal funds for use in
 39 7 expanding child care assistance and related programs. For
 39 8 the purpose of expenditures of state and federal child care
 39 9 funding, funds shall be considered obligated at the time
 39 10 expenditures are projected or are allocated to the department's
 39 11 service areas. Projections shall be based on current and
 39 12 projected caseload growth, current and projected provider
 39 13 rates, staffing requirements for eligibility determination
 39 14 and management of program requirements including data systems
 39 15 management, staffing requirements for administration of the
 39 16 program, contractual and grant obligations and any transfers
 39 17 to other state agencies, and obligations for decategorization
 39 18 or innovation projects.

Permits funds appropriated for child care to be used as matching funds for federal grants. Specifies that funds are obligated when expenditures are projected or allocated to the DHS regions.

39 19 6. A portion of the state match for the federal child care
 39 20 and development block grant shall be provided as necessary to
 39 21 meet federal matching funds requirements through the state
 39 22 general fund appropriation made for child development grants
 39 23 and other programs for at-risk children in section 279.51.

Requires a portion of the State match for the federal Child Care and Development Block Grant be provided from the State appropriation for child development grants and other programs for at-risk children as necessary to meet federal matching requirements.

39 24 7. If a uniform reduction ordered by the governor under
 39 25 section 8.31 or other operation of law, transfer, or federal
 39 26 funding reduction reduces the appropriation made in this
 39 27 section for the fiscal year, the percentage reduction in the
 39 28 amount paid out to or on behalf of the families participating
 39 29 in the state child care assistance program shall be equal to or
 39 30 less than the percentage reduction made for any other purpose
 39 31 payable from the appropriation made in this section and the
 39 32 federal funding relating to it. The percentage reduction to
 39 33 the other allocations made in this section shall be the same as
 39 34 the uniform reduction ordered by the governor or the percentage
 39 35 change of the federal funding reduction, as applicable. If
 40 1 there is an unanticipated increase in federal funding provided
 40 2 for state child care services, the entire amount of the
 40 3 increase, except as necessary to meet federal requirements
 40 4 including quality set asides, shall be used for state child
 40 5 care assistance payments. If the appropriations made for
 40 6 purposes of the state child care assistance program for the
 40 7 fiscal year are determined to be insufficient, it is the intent
 40 8 of the general assembly to appropriate sufficient funding for
 40 9 the fiscal year in order to avoid establishment of waiting list
 40 10 requirements.

Requires the following related to program operations:

- Any reductions to the CCA appropriation, either State or federal, must be applied in an equal percentage across all operating areas of the CCA Program before a reduction to service payments is made. The reduction for payable services must be equal to or less than the reduction for other items.
- Any unanticipated increase in federal funding must be used only for the CCA Program.
- It is the intent of the General Assembly to provide sufficient funding for the Program in FY 2020 to avoid the establishment of a waiting list.

40 11 8. Notwithstanding section 8.33, moneys advanced for
 40 12 purposes of the programs developed by early childhood Iowa

Permits nonreversion of FY 2020 funds to carry forward for expenditure in FY 2021 for the programs developed by Early Childhood Iowa areas

40 13 areas, advanced for purposes of wraparound child care, or
 40 14 received from the federal appropriations made for the purposes
 40 15 of this section that remain unencumbered or unobligated at the
 40 16 close of the fiscal year shall not revert to any fund but shall
 40 17 remain available for expenditure for the purposes designated
 40 18 until the close of the succeeding fiscal year.

or for wraparound child care, or received from federal appropriations for child care assistance.

40 19 Sec. 18. JUVENILE INSTITUTION. There is appropriated
 40 20 from the general fund of the state to the department of human
 40 21 services for the fiscal year beginning July 1, 2019, and ending
 40 22 June 30, 2020, the following amounts, or so much thereof as is
 40 23 necessary, to be used for the purposes designated:

General Fund appropriation to the State Training School at Eldora.

DETAIL: This is a net increase of \$1,158,314 and 17.70 FTE positions compared to estimated net FY 2019. The changes include:

40 24 1. a. For operation of the state training school at Eldora
 40 25 and for salaries, support, maintenance, and miscellaneous
 40 26 purposes, and for not more than the following full-time
 40 27 equivalent positions:
 40 28 \$ 13,920,757
 40 29 FTEs 207.00

- An increase of \$900,027 to replace one-time funding used in FY 2019.
- An increase of \$91,222 and 1.00 FTE position to add a Clinical Supervisor.
- An increase of \$72,550 and 1.00 FTE position to add a Registered Nurse.
- An increase of \$52,354 and 1.00 FTE position to add a Youth Services Technician.
- An increase of \$42,311 due to increased costs of pharmaceuticals, food, transportation, and utilities.
- An increase of 14.7 FTE positions.
- A decrease of \$150 due to a general reduction.

40 30 b. Of the funds appropriated in this subsection, \$91,000
 40 31 shall be used for distribution to licensed classroom teachers
 40 32 at this and other institutions under the control of the
 40 33 department of human services based upon the average student
 40 34 yearly enrollment at each institution as determined by the
 40 35 department.

Allocates \$91,000 for licensed classroom teachers in State institutions.

DETAIL: This a decrease of \$150 compared to the estimated net FY 2019 allocation due to a general reduction.

41 1 c. The additional full-time equivalent positions authorized
 41 2 in paragraph "a" shall include 1.00 youth services technician,
 41 3 1.00 clinical supervisor, and 1.00 registered nurse, or
 41 4 comparable additional, full-time equivalent positions.

Requires the DHS to include a youth services technician, clinical supervisor, and a registered nurse as part of the FTE positions appropriated in this Section.

41 5 2. A portion of the moneys appropriated in this section
 41 6 shall be used by the state training school at Eldora for
 41 7 grants for adolescent pregnancy prevention activities at the
 41 8 institution in the fiscal year beginning July 1, 2019.

Requires a portion of the funds appropriated for the Eldora State Training School to be used for pregnancy prevention activities in FY 2019.

41 9 3. Of the funds appropriated in this subsection, \$212,000
 41 10 shall be used by the state training school at Eldora for a
 41 11 substance use disorder treatment program at the institution for
 41 12 the fiscal year beginning July 1, 2019.

Allocates \$212,000 to be used for a substance use disorder treatment program.

DETAIL: This is no change compared to the estimated net FY 2019 allocation.

41 13 4. Notwithstanding section 8.33, moneys appropriated in
 41 14 this section that remain unencumbered or unobligated at the
 41 15 close of the fiscal year shall not revert but shall remain
 41 16 available for expenditure for the purposes designated until the
 41 17 close of the succeeding fiscal year.

CODE: Allows any unexpended funds appropriated for FY 2020 to remain available for FY 2021.

41 18 Sec. 19. CHILD AND FAMILY SERVICES.
 41 19 1. There is appropriated from the general fund of the
 41 20 state to the department of human services for the fiscal year
 41 21 beginning July 1, 2019, and ending June 30, 2020, the following
 41 22 amount, or so much thereof as is necessary, to be used for the
 41 23 purpose designated:
 41 24 For child and family services:
 41 25 \$ 89,071,761

General Fund appropriation for Child and Family Services.

DETAIL: This is a net increase of \$4,131,987 compared to estimated net FY 2019. The changes include:

- An increase of \$4,292,221 for core services and program growth.
- A decrease of \$6,424 due to a general reduction.
- A decrease of \$153,810 due to the FMAP rate adjustment.

41 26 2. The department may transfer funds appropriated in this
 41 27 section as necessary to pay the nonfederal costs of services
 41 28 reimbursed under the medical assistance program, state child
 41 29 care assistance program, or the family investment program which
 41 30 are provided to children who would otherwise receive services
 41 31 paid under the appropriation in this section. The department
 41 32 may transfer funds appropriated in this section to the
 41 33 appropriations made in this division of this Act for general
 41 34 administration and for field operations for resources necessary
 41 35 to implement and operate the services funded in this section.

Permits the Department to transfer funds appropriated for Child and Family Services to Medicaid, the FIP, General Administration, or Field Operations to pay for costs associated with child welfare services under these appropriations.

42 1 3. a. Of the funds appropriated in this section, up to
 42 2 \$34,536,000 is allocated as the statewide expenditure target
 42 3 under section 232.143 for group foster care maintenance and
 42 4 services. If the department projects that such expenditures
 42 5 for the fiscal year will be less than the target amount
 42 6 allocated in this paragraph "a", the department may reallocate
 42 7 the excess to provide additional funding for family foster
 42 8 care, independent living, family safety, risk and permanency
 42 9 services, shelter care, or the child welfare emergency services
 42 10 addressed with the allocation for shelter care.

Allocates up to \$34,536,000 for group foster care services and maintenance costs. Permits reallocation of excess funds.

DETAIL: This is a decrease of \$648 compared to the estimated net FY 2019 allocation. Expands the permissible services to include family foster care, independent living, and family safety, risk, and permanency services.

42 11 b. If at any time after September 30, 2019, annualization
 42 12 of a service area's current expenditures indicates a service
 42 13 area is at risk of exceeding its group foster care expenditure
 42 14 target under section 232.143 by more than 5 percent, the
 42 15 department and juvenile court services shall examine all
 42 16 group foster care placements in that service area in order to
 42 17 identify those which might be appropriate for termination.
 42 18 In addition, any aftercare services believed to be needed
 42 19 for the children whose placements may be terminated shall be

Requires a service area's group foster care expenditure target be reviewed if the service area is at risk of exceeding its group foster care spending target by more than 5.00%, and requires review hearings when appropriate, but not until after September 30, 2019.

42 20 identified. The department and juvenile court services shall
 42 21 initiate action to set dispositional review hearings for the
 42 22 placements identified. In such a dispositional review hearing,
 42 23 the juvenile court shall determine whether needed aftercare
 42 24 services are available and whether termination of the placement
 42 25 is in the best interest of the child and the community.

42 26 4. In accordance with the provisions of section 232.188,
 42 27 the department shall continue the child welfare and juvenile
 42 28 justice funding initiative during fiscal year 2019-2020. Of
 42 29 the funds appropriated in this section, \$1,717,000 is allocated
 42 30 specifically for expenditure for fiscal year 2019-2020 through
 42 31 the decategorization services funding pools and governance
 42 32 boards established pursuant to section 232.188.

Allocates \$1,717,000 for decategorization services.

DETAIL: This is a decrease of \$753 compared to the estimated net FY 2019 allocation.

42 33 5. A portion of the funds appropriated in this section
 42 34 may be used for emergency family assistance to provide other
 42 35 resources required for a family participating in a family
 43 1 preservation or reunification project or successor project to
 43 2 stay together or to be reunified.

Permits funds to be used for emergency family assistance under specified conditions.

43 3 6. Of the funds appropriated in this section, a sufficient
 43 4 amount is allocated for shelter care and the child welfare
 43 5 emergency services contracting implemented to provide for or
 43 6 prevent the need for shelter care.

Permits funds to be used for shelter care and child welfare emergency services.

DETAIL: This is a change compared to the FY 2019 language that capped the amount to be used for these services.

43 7 7. Federal funds received by the state during the fiscal
 43 8 year beginning July 1, 2019, as the result of the expenditure
 43 9 of state funds appropriated during a previous state fiscal
 43 10 year for a service or activity funded under this section are
 43 11 appropriated to the department to be used as additional funding
 43 12 for services and purposes provided for under this section.
 43 13 Notwithstanding section 8.33, moneys received in accordance
 43 14 with this subsection that remain unencumbered or unobligated at
 43 15 the close of the fiscal year shall not revert to any fund but
 43 16 shall remain available for the purposes designated until the
 43 17 close of the succeeding fiscal year.

CODE: Requires federal funds received in FY 2020 as a result of the expenditure of State funds in a previous year be used for child welfare services. Allows nonreversion of funds through FY 2021.

43 18 8. a. Of the funds appropriated in this section, up to
 43 19 \$3,290,000 is allocated for the payment of the expenses of
 43 20 court-ordered services provided to juveniles who are under the
 43 21 supervision of juvenile court services, which expenses are a
 43 22 charge upon the state pursuant to section 232.141, subsection
 43 23 4. Of the amount allocated in this paragraph "a", up to
 43 24 \$1,556,000 shall be made available to provide school-based
 43 25 supervision of children adjudicated under chapter 232, of which
 43 26 not more than \$15,000 may be used for the purpose of training.

Provides the following allocations related to court-ordered services for juveniles:

- Allocates up to \$3,290,000 for court-ordered services provided to children who are under the supervision of juvenile court services. Of this amount, \$1,556,000 is allocated to school-based supervision of delinquent children, of which \$15,000 may be used for training. A portion of the cost for school-based liaisons is required to be paid by school districts.

43 27 A portion of the cost of each school-based liaison officer
 43 28 shall be paid by the school district or other funding source as
 43 29 approved by the chief juvenile court officer.
 43 30 b. Of the funds appropriated in this section, up to \$748,000
 43 31 is allocated for the payment of the expenses of court-ordered
 43 32 services provided to children who are under the supervision
 43 33 of the department, which expenses are a charge upon the state
 43 34 pursuant to section 232.141, subsection 4.

- Allocates up to \$748,000 to court-ordered services provided to children who are under the supervision of the DHS.

DETAIL: This is a total decrease of \$1,272 compared to the estimated FY 2019 allocations due to a general reduction.

43 35 c. Notwithstanding section 232.141 or any other provision
 44 1 of law to the contrary, the amounts allocated in this
 44 2 subsection shall be distributed to the judicial districts
 44 3 as determined by the state court administrator and to the
 44 4 department's service areas as determined by the administrator
 44 5 of the department of human services' division of child and
 44 6 family services. The state court administrator and the
 44 7 division administrator shall make the determination of the
 44 8 distribution amounts on or before June 15, 2019.

CODE: Requires allocations to be distributed among the judicial districts, as determined by the State Court Administrator, and among the DHS districts, as determined by the Division of Child and Family Services Administrator, by June 15, 2019.

44 9 d. Notwithstanding chapter 232 or any other provision of
 44 10 law to the contrary, a district or juvenile court shall not
 44 11 order any service which is a charge upon the state pursuant
 44 12 to section 232.141 if there are insufficient court-ordered
 44 13 services funds available in the district court or departmental
 44 14 service area distribution amounts to pay for the service. The
 44 15 chief juvenile court officer and the departmental service area
 44 16 manager shall encourage use of the funds allocated in this
 44 17 subsection such that there are sufficient funds to pay for
 44 18 all court-related services during the entire year. The chief
 44 19 juvenile court officers and departmental service area managers
 44 20 shall attempt to anticipate potential surpluses and shortfalls
 44 21 in the distribution amounts and shall cooperatively request the
 44 22 state court administrator or division administrator to transfer
 44 23 funds between the judicial districts' or departmental service
 44 24 areas' distribution amounts as prudent.

CODE: Prohibits a district or juvenile court from ordering any service that is a charge to the State if there are insufficient funds to reimburse the service. Requires the Chief Juvenile Court Officer to use the funds in a manner that will cover the entire fiscal year, and permits funds to be transferred between districts.

44 25 e. Notwithstanding any provision of law to the contrary,
 44 26 a district or juvenile court shall not order a county to pay
 44 27 for any service provided to a juvenile pursuant to an order
 44 28 entered under chapter 232 which is a charge upon the state
 44 29 under section 232.141, subsection 4.

CODE: Prohibits a district or juvenile court from ordering a county to pay for a service provided to a juvenile that is chargeable to the State.

44 30 f. Of the funds allocated in this subsection, not more than
 44 31 \$83,000 may be used by the judicial branch for administration
 44 32 of the requirements under this subsection.

Prohibits expenditure by the Judicial Branch of more than \$83,000 of the funds appropriated in this subsection for administration related to court-ordered services.

DETAIL: This is no change compared to the estimated net FY 2019 allocation.

44 33 g. Of the funds allocated in this subsection, \$17,000
44 34 shall be used by the department of human services to support
44 35 the interstate commission for juveniles in accordance with
45 1 the interstate compact for juveniles as provided in section
45 2 232.173.

Requires that \$17,000 of the funds allocated to the DHS be used to support the Interstate Commission for Juveniles in accordance with the Interstate Compact for Juveniles.

DETAIL: This is no change compared to the estimated net FY 2019 allocation.

45 3 9. Of the funds appropriated in this section, \$12,253,000 is
45 4 allocated for juvenile delinquent graduated sanctions services.
45 5 Any state funds saved as a result of efforts by juvenile court
45 6 services to earn a federal Tit.IV-E match for juvenile court
45 7 services administration may be used for the juvenile delinquent
45 8 graduated sanctions services.

Allocates \$12,253,000 to juvenile delinquent graduated sanctions services.

DETAIL: This is a decrease of \$227 compared to the estimated net FY 2019 allocation due to a general reduction. Any State funds saved as a result of increasing federal Title IV-E claims for juvenile court services, as indicated by the 2009 Public Works Efficiency Report, may be used for juvenile delinquent graduated sanctions services.

45 9 10. Of the funds appropriated in this section, \$1,658,000 is
45 10 transferred to the department of public health to be used for
45 11 the child protection center grant program for child protection
45 12 centers located in Iowa in accordance with section 135.118.
45 13 The grant amounts under the program shall be equalized so that
45 14 each center receives a uniform base amount of \$245,000, and so
45 15 that the remaining funds are awarded through a funding formula
45 16 based upon the volume of children served. To increase access
45 17 to child protection center services for children in rural
45 18 areas, the funding formula for the awarding of the remaining
45 19 funds shall provide for the awarding of an enhanced amount to
45 20 eligible grantees to develop and maintain satellite centers in
45 21 underserved regions of the state.

Requires \$1,658,000 be transferred to the DPH for the Child Protection Center (CPC) Grant Program. Each CPC will receive \$245,000 and the remaining funds will be distributed based on the number of children served. The funding formula for awarding the remaining funds is required to enhance the amount eligible to grantees that develop and maintain satellite centers in underserved regions of the State.

DETAIL: This is a decrease of \$285 compared to the estimated net FY 2019 allocation due to a general reduction. The language also eliminates the \$50,000 allocation for a satellite CPC in Mason City and distributes those funds through the formula. The requirement to enhance funding for grantees that develop and maintain satellite centers is new.

45 22 11. Of the funds appropriated in this section, \$4,025,000 is
45 23 allocated for the preparation for adult living program pursuant
45 24 to section 234.46.

Allocates \$4,025,000 to the Preparation for Adult Living (PAL) Program.

DETAIL: This is a decrease of \$167 compared to the estimated net FY 2019 allocation due to a general reduction.

45 25 12. Of the funds appropriated in this section, \$227,000
45 26 shall be used for the public purpose of continuing a grant to a
45 27 nonprofit human services organization, providing services to
45 28 individuals and families in multiple locations in southwest
45 29 Iowa and Nebraska for support of a project providing immediate,
45 30 sensitive support and forensic interviews, medical exams, needs
45 31 assessments, and referrals for victims of child abuse and their
45 32 nonoffending family members.

Allocates \$227,000 to Project Harmony for support of victims of child abuse and their nonoffending family members.

DETAIL: This is a decrease of \$337 compared to the estimated net FY 2019 allocation due to a general reduction.

45 33	13. Of the funds appropriated in this section, \$300,000	Allocates \$300,000 to provide support for foster care youth councils.
45 34	is allocated for the foster care youth council approach of	
45 35	providing a support network to children placed in foster care.	DETAIL: This is a decrease of \$620 compared to the estimated net FY 2019 allocation due to a general reduction.
46 1	14. Of the funds appropriated in this section, \$202,000 is	Allocates \$202,000 to an initiative to address child sexual abuse.
46 2	allocated for use pursuant to section 235A.1 for continuation	
46 3	of the initiative to address child sexual abuse implemented	DETAIL: This is no change compared to the estimated net FY 2019 allocation.
46 4	pursuant to 2007 Iowa Acts, chapter 218, section 18, subsection	
46 5	21.	
46 6	15. Of the funds appropriated in this section, \$630,000 is	Allocates \$630,000 to the Child Welfare Community Partnership for
46 7	allocated for the community partnership for child protection	Child Protection sites. Community Partnerships for Protecting Children
46 8	sites.	(CPPC) is a community-based approach to child protection.
		DETAIL: This is a decrease of \$240 compared to the estimated net FY 2019 allocation due to a general reduction. Community Partnerships work to prevent child abuse and neglect, safely decrease the number of out-of-home placements, and promote timely reunification when children are placed in foster care.
46 9	16. Of the funds appropriated in this section, \$371,000	Allocates \$371,000 to minority youth and family projects included in the
46 10	is allocated for the department's minority youth and family	child welfare redesign.
46 11	projects under the redesign of the child welfare system.	DETAIL: This is a decrease of \$250 compared to the estimated net FY 2019 allocation due to a general reduction.
46 12	17. Of the funds appropriated in this section, \$851,000	Allocates \$851,000 to the Community Circle of Care Grant in northeast
46 13	is allocated for funding of the community circle of care	Iowa.
46 14	collaboration for children and youth in northeast Iowa.	DETAIL: This is decrease of \$595 compared to the estimated net FY 2019 allocation due to a general reduction. The Community Circle of Care Program is a regional System of Care Program that coordinates community-based services and support to address the needs of children and youth with severe behavioral or mental health conditions.
46 15	18. Of the funds appropriated in this section, at least	Allocates \$147,000 to the Online Child Welfare Provider Training
46 16	\$147,000 shall be used for the continuation of the child	Academy.
46 17	welfare provider training academy, a collaboration between the	
46 18	coalition for family and children's services in Iowa and the	DETAIL: This is a decrease of \$158 compared to the estimated net
46 19	department.	FY 2019 allocation due to a general reduction.
46 20	19. Of the funds appropriated in this section, \$211,000	Allocates \$211,000 to the continuation of a System of Care program in
46 21	shall be used for continuation of the central Iowa system of	Polk County.

46 22 care program grant through June 30, 2020.

DETAIL: This is a decrease of \$872 compared to the estimated net FY 2019 allocation due to a general reduction.

46 23 20. Of the funds appropriated in this section, \$235,000
46 24 shall be used for the public purpose of the continuation
46 25 and expansion of a system of care program grant implemented
46 26 in Cerro Gordo and Linn counties to utilize a comprehensive
46 27 and long-term approach for helping children and families by
46 28 addressing the key areas in a child's life of childhood basic
46 29 needs, education and work, family, and community.

Allocates \$235,000 to the continuation and expansion of a System of Care program in Cerro Gordo and Linn counties at Four Oaks.

DETAIL: This is no change compared to the estimated FY 2019 allocation.

46 30 21. Of the funds appropriated in this section, at least
46 31 \$25,000 shall be used to continue and to expand the foster
46 32 care respite pilot program in which postsecondary students in
46 33 social work and other human services-related programs receive
46 34 experience by assisting family foster care providers with
46 35 respite and other support.

Allocates at least \$25,000 to the Foster Care Respite Pilot Program at Wartburg College, for students in social work and other human services-related programs, to allow for Program expansion to additional counties.

DETAIL: This is no change compared to the estimated net FY 2019 allocation.

47 1 22. Of the funds appropriated in this section, \$110,000
47 2 shall be used for the public purpose of funding community-based
47 3 services and other supports with a system of care approach
47 4 for children with a serious emotional disturbance and their
47 5 families through a nonprofit provider of child welfare services
47 6 that has been in existence for more than 115 years, is located
47 7 in a county with a population of more than 200,000 but less
47 8 than 220,000 according to the latest certified federal census,
47 9 is licensed as a psychiatric medical institution for children,
47 10 and was a system of care grantee prior to July 1, 2019.

Allocates \$110,000 to Tanager Place Behavioral Health Clinic in Cedar Rapids.

DETAIL: This is no change compared to the estimated net FY 2019 allocation.

47 11 23. If a separate funding source is identified that reduces
47 12 the need for state funds within an allocation under this
47 13 section, the allocated state funds may be redistributed to
47 14 other allocations under this section for the same fiscal year.

Specifies that if other funding is available, the allocations of State funds in this Section may be substituted with the other funding source.

DETAIL: Child and Family Services other funding sources include Title IV-B and IV-E of the Social Security Act, Temporary Assistance for Needy Families (TANF), and the Social Services Block Grant.

47 15 Sec. 20. ADOPTION SUBSIDY.

General Fund appropriation to the Adoption Subsidy Program.

47 16 1. There is appropriated from the general fund of the
47 17 state to the department of human services for the fiscal year
47 18 beginning July 1, 2019, and ending June 30, 2020, the following
47 19 amount, or so much thereof as is necessary, to be used for the
47 20 purpose designated:

DETAIL: This is a net increase of \$150,870 compared to estimated net FY 2019. Changes included:

47 21 a. For adoption subsidy payments and services:
47 22 \$ 40,596,007

- A decrease of \$823,199 due to a change in the FMAP rate.
- An increase of \$974,888 to meet reinvestment savings requirements.
- A decrease of \$819 to match the forecasted need.

47 23 b. (1) The funds appropriated in this section shall be used
47 24 as authorized or allowed by federal law or regulation for any
47 25 of the following purposes:

47 26 (a) For adoption subsidy payments and related costs.

47 27 (b) For post-adoption services and for other purposes under
47 28 Tit.IV-B or Tit.IV-E of the federal Social Security Act.

47 29 (2) The department of human services may transfer funds
47 30 appropriated in this subsection to the appropriation for
47 31 child and family services in this Act for the purposes of
47 32 post-adoption services as specified in this paragraph "b".

47 33 c. Notwithstanding section 8.33, moneys corresponding to
47 34 the state savings resulting from implementation of the federal
47 35 Fostering Connections to Success and Increasing Adoptions Act
48 1 of 2008, Pub.L. No.110-351, and successor legislation, as
48 2 determined in accordance with 42 U.S.C.§673(a)(8), that remain
48 3 unencumbered or unobligated at the close of the fiscal year,
48 4 shall not revert to any fund but shall remain available for the
48 5 purposes designated in this subsection until expended. The
48 6 amount of such savings and any corresponding funds remaining
48 7 at the close of the fiscal year shall be determined separately
48 8 and any changes in either amount between fiscal years shall not
48 9 result in an unfunded need.

48 10 2. The department may transfer funds appropriated in
48 11 this section to the appropriation made in this division of
48 12 this Act for general administration for costs paid from the
48 13 appropriation relating to adoption subsidy.

48 14 3. Federal funds received by the state during the
48 15 fiscal year beginning July 1, 2019, as the result of the
48 16 expenditure of state funds during a previous state fiscal
48 17 year for a service or activity funded under this section are
48 18 appropriated to the department to be used as additional funding
48 19 for the services and activities funded under this section.
48 20 Notwithstanding section 8.33, moneys received in accordance
48 21 with this subsection that remain unencumbered or unobligated
48 22 at the close of the fiscal year shall not revert to any fund
48 23 but shall remain available for expenditure for the purposes
48 24 designated until the close of the succeeding fiscal year.

48 25 Sec. 21. JUVENILE DETENTION HOME FUND. Moneys deposited
48 26 in the juvenile detention home fund created in section 232.142
48 27 during the fiscal year beginning July 1, 2019, and ending June
48 28 30, 2020, are appropriated to the department of human services
48 29 for the fiscal year beginning July 1, 2019, and ending June 30,
48 30 2020, for distribution of an amount equal to a percentage of

Directs the DHS to use the funds appropriated to the Adoption Subsidy Program for adoption subsidy payments and post-adoption services as allowed under Title IV-B and Title IV-E of the federal Social Security Act, due to the federal Fostering Connections to Success and Increasing Adoptions Act of 2008. The DHS may also transfer funds (specifically those funds from federal Title IV-E savings) to the Child and Family Services General Fund appropriation for post-adoption services. A federal mandate regarding the use of federal Title IV-E funds requires savings to be reinvested and used for child welfare services instead of reverting to the General Fund.

Permits the DHS to transfer funds to the General Administration appropriation for costs relating to the Program.

Requires federal funds received in FY 2020 for the expenditure of State funds in a previous fiscal year to be used for adoption subsidies. Permits nonreversion of federal funds in this subsection until the close of FY 2021.

Requires funds deposited in the Juvenile Detention Home Fund to be distributed to eligible juvenile detention centers for FY 2020. Funds are to be allocated to the eligible county detention centers based on an amount equal to the FY 2019 juvenile detention home establishment, operation, maintenance, and improvement costs.

48 31 the costs of the establishment, improvement, operation, and
 48 32 maintenance of county or multicounty juvenile detention homes
 48 33 in the fiscal year beginning July 1, 2018. Moneys appropriated
 48 34 for distribution in accordance with this section shall be
 48 35 allocated among eligible detention homes, prorated on the basis
 49 1 of an eligible detention home's proportion of the costs of all
 49 2 eligible detention homes in the fiscal year beginning July
 49 3 1, 2018. The percentage figure shall be determined by the
 49 4 department based on the amount available for distribution for
 49 5 the fund. Notwithstanding section 232.142, subsection 3, the
 49 6 financial aid payable by the state under that provision for the
 49 7 fiscal year beginning July 1, 2019, shall be limited to the
 49 8 amount appropriated for the purposes of this section.

General Fund appropriation for the Family Support Subsidy Program.

DETAIL: This is no change compared to estimated net FY 2019.

49 9 Sec. 22. FAMILY SUPPORT SUBSIDY PROGRAM.
 49 10 1. There is appropriated from the general fund of the
 49 11 state to the department of human services for the fiscal year
 49 12 beginning July 1, 2019, and ending June 30, 2020, the following
 49 13 amount, or so much thereof as is necessary, to be used for the
 49 14 purpose designated:
 49 15 For the family support subsidy program subject to the
 49 16 enrollment restrictions in section 225C.37, subsection 3:
 49 17 \$ 949,282

Allocates \$819,275 to the DPH to continue the Children at Home Program. The DPH has existing statewide coordinated intake for family support services through the Division of Health Promotion and Chronic Disease Prevention.

DETAIL: This is an increase of \$31,775 compared to the estimated FY 2019 allocation due to children aging out of the Family Support Subsidy Program. The Family Support Subsidy Program is projected to end in FY 2024.

49 22 3. If at any time during the fiscal year, the amount of
 49 23 funding available for the family support subsidy program
 49 24 is reduced from the amount initially used to establish the
 49 25 figure for the number of family members for whom a subsidy
 49 26 is to be provided at any one time during the fiscal year,
 49 27 notwithstanding section 225C.38, subsection 2, the department
 49 28 shall revise the figure as necessary to conform to the amount
 49 29 of funding available.

CODE: Requires the Department to reduce funding to participants in the Family Support Subsidy Program if available funds are less than anticipated.

49 30 Sec. 23. CONNER DECREE. There is appropriated from the
 49 31 general fund of the state to the department of human services
 49 32 for the fiscal year beginning July 1, 2019, and ending June 30,
 49 33 2020, the following amount, or so much thereof as is necessary,

General Fund appropriation to the DHS for Conner Decree training requirements.

DETAIL: This is no change compared to estimated net FY 2019. The

49 34 to be used for the purpose designated:
 49 35 For building community capacity through the coordination
 50 1 and provision of training opportunities in accordance with the
 50 2 consent decree of Conner v.Branstad, No.4-86-CV-30871(S.D.
 50 3 Iowa, July 14, 1994):
 50 4 \$ 33,632

50 5 Sec. 24. MENTAL HEALTH INSTITUTES.

50 6 1. There is appropriated from the general fund of the
 50 7 state to the department of human services for the fiscal year
 50 8 beginning July 1, 2019, and ending June 30, 2020, the following
 50 9 amounts, or so much thereof as is necessary, to be used for the
 50 10 purposes designated:

50 11 a. (1) For operation of the state mental health institute
 50 12 at Cherokee as required by chapters 218 and 226 for salaries,
 50 13 support, maintenance, and miscellaneous purposes, and for not
 50 14 more than the following full-time equivalent positions:
 50 15 \$ 14,216,149
 50 16 FTEs 169.00

50 17 (2) The additional full-time equivalent positions
 50 18 authorized in this paragraph "a" shall include 3.50 security
 50 19 staff and 3.00 support staff, or comparable additional,
 50 20 full-time equivalent positions.

50 21 b. (1) For operation of the state mental health institute
 50 22 at Independence as required by chapters 218 and 226 for
 50 23 salaries, support, maintenance, and miscellaneous purposes, and
 50 24 for not more than the following full-time equivalent positions:
 50 25 \$ 19,165,110
 50 26 FTEs 208.00

funds are used for training purposes to comply with the [Conner v. Branstad](#) consent decree mandating placement of persons with developmental disabilities in the least restrictive setting possible.

General Fund appropriation to the mental health institute (MHI) at Cherokee.

DETAIL: This is an increase of \$345,895 and 20.00 FTE positions compared to estimated net FY 2019. The changes include:

- An increase of \$74,270 due to increased costs of pharmaceuticals, food, transportation, and utilities.
- An increase of \$148,456 and 3.50 FTE positions for security staff.
- An increase of \$123,169 and 3.00 FTE positions for support staff.
- An increase of 13.50 FTE positions to match the FY 2019 authorized amount.

Specifies that of the positions authorized, the DHS must include 3.50 security staff FTE positions and 3.00 support staff FTE positions.

General Fund appropriation to the MHI at Independence.

DETAIL: This is an increase of \$1,651,489 and 28.15 FTE positions compared to estimated net FY 2019. The changes include:

- An increase of \$1,409,375 to replace one-time funding.
- An increase of \$93,658 due to increased costs of pharmaceuticals, food, transportation, and utilities.
- An increase of \$148,456 and 3.50 FTE positions for security staff.
- An increase of 24.65 FTE positions to match the FY 2019 authorized amount.

50 27 (2) The additional full-time equivalent positions
 50 28 authorized in this paragraph "b" shall include 3.50 security
 50 29 staff, or comparable additional, full-time equivalent
 50 30 positions.

Specifies that of the positions authorized, the DHS must include 3.50 security staff FTE positions.

50 31 2. Notwithstanding sections 218.78 and 249A.11, any revenue
 50 32 received from the state mental health institute at Cherokee or
 50 33 the state mental health institute at Independence pursuant to
 50 34 42 C.F.R. §438.6(e) may be retained and expended by the mental
 50 35 health institute.

Allows the DHS to retain Medicaid revenues received by the MHI.

51 1 3. Notwithstanding any provision of law to the contrary,
 51 2 a Medicaid member residing at the state mental health
 51 3 institute at Cherokee or the state mental health institute
 51 4 at Independence shall retain Medicaid eligibility during
 51 5 the period of the Medicaid member's stay for which federal
 51 6 financial participation is available.

Specifies that Medicaid members residing at one of the two MHIs are required to retain Medicaid eligibility for the first 14 days of their residence.

51 7 4. Notwithstanding section 8.33, moneys appropriated in
 51 8 this section that remain unencumbered or unobligated at the
 51 9 close of the fiscal year shall not revert but shall remain
 51 10 available for expenditure for the purposes designated until the
 51 11 close of the succeeding fiscal year.

CODE: Allows any unexpended funds appropriated for the Cherokee and Independence MHIs for FY 2020 to remain available for FY 2021.

51 12 Sec. 25. STATE RESOURCE CENTERS.

51 13 1. There is appropriated from the general fund of the
 51 14 state to the department of human services for the fiscal year
 51 15 beginning July 1, 2019, and ending June 30, 2020, the following
 51 16 amounts, or so much thereof as is necessary, to be used for the
 51 17 purposes designated:

51 18 a. For the state resource center at Glenwood for salaries,
 51 19 support, maintenance, and miscellaneous purposes:
 51 20 \$ 16,048,348

General Fund appropriation to the State Resource Center at Glenwood.

DETAIL: This is a net decrease of \$810,175 compared to estimated net FY 2019. The changes include:

- An increase of \$54,351 due to increased costs of pharmaceuticals, food, transportation, and utilities.
- A decrease of \$864,526 due to an adjustment in the FMAP rate.

51 21 b. For the state resource center at Woodward for salaries,
 51 22 support, maintenance, and miscellaneous purposes:
 51 23 \$ 10,872,356

General Fund appropriation to the State Resource Center at Woodward.

DETAIL: This is a net decrease of \$514,323 compared to estimated net FY 2019. The changes include:

- An increase of \$37,479 due to increased costs of pharmaceuticals, food, transportation, and utilities.
- A decrease of \$551,802 due to an adjustment in the FMAP rate.

51 24 2. The department may continue to bill for state resource
51 25 center services utilizing a scope of services approach used for
51 26 private providers of intermediate care facilities for persons
51 27 with an intellectual disability services, in a manner which
51 28 does not shift costs between the medical assistance program,
51 29 counties, or other sources of funding for the state resource
51 30 centers.

Permits the DHS to continue billing practices that do not include cost shifting.

51 31 3. The state resource centers may expand the time-limited
51 32 assessment and respite services during the fiscal year.

Permits the State Resource Centers to expand time-limited assessment and respite services.

DETAIL: Time-limited assessments include analysis of patient conditions and development of therapy plans to assist families in caring for individuals with intellectual or developmental disabilities. Respite services provide care for special needs individuals for a limited duration to provide families with a temporary reprieve of caretaking responsibilities.

51 33 4. If the department's administration and the department
51 34 of management concur with a finding by a state resource
51 35 center's superintendent that projected revenues can reasonably
52 1 be expected to pay the salary and support costs for a new
52 2 employee position, or that such costs for adding a particular
52 3 number of new positions for the fiscal year would be less
52 4 than the overtime costs if new positions would not be added,
52 5 the superintendent may add the new position or positions. If
52 6 the vacant positions available to a resource center do not
52 7 include the position classification desired to be filled, the
52 8 state resource center's superintendent may reclassify any
52 9 vacant position as necessary to fill the desired position. The
52 10 superintendents of the state resource centers may, by mutual
52 11 agreement, pool vacant positions and position classifications
52 12 during the course of the fiscal year in order to assist one
52 13 another in filling necessary positions.

Specifies that FTE positions may be added at the two State Resource Centers if projected revenues are sufficient to pay the salary and support costs of the additional FTE positions and if approved by the DOM.

52 14 5. If existing capacity limitations are reached in
52 15 operating units, a waiting list is in effect for a service or
52 16 a special need for which a payment source or other funding
52 17 is available for the service or to address the special need,
52 18 and facilities for the service or to address the special need
52 19 can be provided within the available payment source or other
52 20 funding, the superintendent of a state resource center may
52 21 authorize opening not more than two units or other facilities

Permits a State Resource Center to open certain facilities if a service waiting list exists and funding is available.

52 22 and begin implementing the service or addressing the special
52 23 need during fiscal year 2019-2020.

52 24 6. Notwithstanding section 8.33, and notwithstanding
52 25 the amount limitation specified in section 222.92, moneys
52 26 appropriated in this section that remain unencumbered or
52 27 unobligated at the close of the fiscal year shall not revert
52 28 but shall remain available for expenditure for the purposes
52 29 designated until the close of the succeeding fiscal year.

CODE: Allows any unexpended funds appropriated for the State Resource Centers at Glenwood and Woodward for FY 2020 to remain available for FY 2021.

52 30 Sec. 26. SEXUALLY VIOLENT PREDATORS.
52 31 1. a. There is appropriated from the general fund of the
52 32 state to the department of human services for the fiscal year
52 33 beginning July 1, 2019, and ending June 30, 2020, the following
52 34 amount, or so much thereof as is necessary, to be used for the
52 35 purpose designated:
53 1 For costs associated with the commitment and treatment of
53 2 sexually violent predators in the unit located at the state
53 3 mental health institute at Cherokee, including costs of legal
53 4 services and other associated costs, including salaries,
53 5 support, maintenance, and miscellaneous purposes, and for not
53 6 more than the following full-time equivalent positions:
53 7 \$ 12,053,093
53 8 FTEs 139.00

General Fund appropriation to the DHS for the Civil Commitment Unit for Sexual Offenders (CCUSO).

DETAIL: This is an increase of \$1,188,346 and 15.00 FTE positions compared to estimated net FY 2019. The changes include:

- An increase of \$549,205 to replace one-time funding.
- An increase of \$31,415 due to increased costs of pharmaceuticals, food, transportation, and utilities.
- An increase of \$473,956 and 7.00 FTE positions for new clinical and support staff.
- An increase of \$44,688 for the Release with Supervision Program.
- An increase of \$89,082 due to patient per diem growth.
- An increase of 8.00 FTE positions to match the FY 2019 authorized amount.

53 9 b. The additional full-time equivalent positions authorized
53 10 in paragraph "a" shall include 7.00 clinical and support staff,
53 11 or comparable additional, full-time equivalent positions.

Specifies that of the FTE positions authorized, the DHS must include 7.00 FTE positions for clinical and support staff.

53 12 2. Unless specifically prohibited by law, if the amount
53 13 charged provides for recoupment of at least the entire amount
53 14 of direct and indirect costs, the department of human services
53 15 may contract with other states to provide care and treatment
53 16 of persons placed by the other states at the unit for sexually
53 17 violent predators at Cherokee. The moneys received under
53 18 such a contract shall be considered to be repayment receipts
53 19 and used for the purposes of the appropriation made in this
53 20 section.

Allows the DHS to contract with other states to provide treatment services at the CCUSO.

53 21 3. Notwithstanding section 8.33, moneys appropriated in
53 22 this section that remain unencumbered or unobligated at the
53 23 close of the fiscal year shall not revert but shall remain
53 24 available for expenditure for the purposes designated until the
53 25 close of the succeeding fiscal year.

CODE: Allows any unexpended funds appropriated for the CCUSO for FY 2020 to remain available for FY 2021.

53 26 Sec. 27. FIELD OPERATIONS.

General Fund appropriation to the DHS for Field Operations staff and

53 27 1. There is appropriated from the general fund of the
 53 28 state to the department of human services for the fiscal year
 53 29 beginning July 1, 2019, and ending June 30, 2020, the following
 53 30 amount, or so much thereof as is necessary, to be used for the
 53 31 purposes designated:
 53 32 For field operations, including salaries, support,
 53 33 maintenance, and miscellaneous purposes, and for not more than
 53 34 the following full-time equivalent positions:
 53 35 \$ 55,396,906
 54 1 FTEs 1,539.00

support.

DETAIL: This is an increase of \$6,322,389 and 101.00 FTE positions compared to estimated net FY 2019. Changes include:

- An increase of \$4,386,877 to maintain the current FTE position level of 1,438.00.
- An increase of \$1,526,289 to increase staffing by 29.00 FTE positions to relieve caseloads.
- An increase of \$409,223 to replace funding for 6.00 FTE positions that was previously paid for by work on the ELIAS System.
- An increase of 66.00 FTE positions to match the FY 2019 authorized amount.

54 2 2. The additional full-time equivalent positions authorized
 54 3 in subsection 1 shall include 29.00 full-time equivalent staff
 54 4 positions to relieve caseloads and 6.00 full-time equivalent
 54 5 positions related to the eligibility integrated application
 54 6 solution (ELIAS) system.

Requires DHS to hire 29.00 FTE positions to relieve caseload counts and 6.00 FTE positions related to ELIAS.

54 7 3. Priority in filling full-time equivalent positions
 54 8 shall be given to those positions related to child protection
 54 9 services and eligibility determination for low-income families.

Requires priority be given to filling positions related to child protection services and eligibility determination for low-income families.

54 10 Sec. 28. GENERAL ADMINISTRATION. There is appropriated
 54 11 from the general fund of the state to the department of human
 54 12 services for the fiscal year beginning July 1, 2019, and ending
 54 13 June 30, 2020, the following amount, or so much thereof as is
 54 14 necessary, to be used for the purpose designated:
 54 15 For general administration, including salaries, support,
 54 16 maintenance, and miscellaneous purposes, and for not more than
 54 17 the following full-time equivalent positions:
 54 18 \$ 13,833,040
 54 19 FTEs 294.00

General Fund appropriation for General Administration.

DETAIL: This is no change in funding and an increase of 14.10 FTE positions compared to estimated net FY 2019. The increase in FTE positions is to match the FY 2019 authorized amount.

54 20 1. The department shall report at least monthly to the
 54 21 legislative services agency concerning the department's
 54 22 operational and program expenditures.

Requires the DHS to provide a monthly operational and expenditure report to the LSA.

54 23 2. Of the funds appropriated in this section, \$150,000 shall
 54 24 be used to continue the contract for the provision of a program
 54 25 to provide technical assistance, support, and consultation to
 54 26 providers of habilitation services and home and community-based
 54 27 services waiver services for adults with disabilities under the
 54 28 medical assistance program.

Allocates \$150,000 to continue the existing contract for technical assistance for providers of habilitation services under the HCBS Waiver Program.

DETAIL: This is no change compared to the estimated net FY 2019 allocation.

54 29 3. Of the funds appropriated in this section, \$50,000
 54 30 is transferred to the Iowa finance authority to be used
 54 31 for administrative support of the council on homelessness
 54 32 established in section 16.2D and for the council to fulfill its
 54 33 duties in addressing and reducing homelessness in the state.

Transfers \$50,000 to the Iowa Finance Authority to be used for support of the Council on Homelessness.

DETAIL: This is no change compared to the estimated net FY 2019 transfer.

54 34 4. Of the funds appropriated in this section, \$200,000 shall
 54 35 be transferred to and deposited in the administrative fund of
 55 1 the Iowa ABLE savings plan trust created in section 12I.4, to
 55 2 be used for implementation and administration activities of the
 55 3 Iowa ABLE savings plan trust.

Transfers \$200,000 to the Treasurer of State to implement the Achieving a Better Life Experience (ABLE) Trust Act.

DETAIL: This is no change compared to the estimated net FY 2019 transfer. The ABLE Trust makes tax-free savings accounts available to individuals with disabilities to cover qualified expenses such as education, housing, and transportation.

55 4 5. Of the funds appropriated in this section, \$200,000 is
 55 5 transferred to the economic development authority for the Iowa
 55 6 commission on volunteer services to continue to be used for the
 55 7 RefugeeRISE AmeriCorps program established under section 15H.8
 55 8 for member recruitment and training to improve the economic
 55 9 well-being and health of economically disadvantaged refugees in
 55 10 local communities across Iowa. Funds transferred may be used
 55 11 to supplement federal funds under federal regulations.

Transfers \$200,000 to the Economic Development Authority through the DHS for the RefugeeRISE AmeriCorps Program, to be used for member recruitment and training.

DETAIL: This is no change compared to the estimated net FY 2019 transfer. This transfer was authorized for the first time in FY 2017. The transfer requires funds to be used to supplement federal funds.

55 12 6. Of the funds appropriated in this section, up to \$300,000
 55 13 shall be used as follows:

Allocates \$300,000 for children's mental health initiatives.

DETAIL: This is no change in funding compared to the estimated net FY 2019 allocation. However, this allocation is further allocated in the following paragraphs.

55 14 a. To fund not more than one full-time equivalent position
 55 15 to address the department's responsibility to support the work
 55 16 of the children's system state board and implementation of the
 55 17 services required pursuant to 2018 Iowa Acts, chapter 1056,
 55 18 section 13.

Allocates funding for 1.00 FTE position to support the Children's System State Board.

DETAIL: This is a new allocation for FY 2020.

55 19 b. To support the cost of establishing and implementing new
 55 20 or additional services required pursuant to 2018 Iowa Acts,
 55 21 chapter 1056, and any legislation enacted by the 2019 general
 55 22 assembly establishing a children's behavioral health system.

Allocates funding to support the establishment and implementation of new or additional children's behavioral health services.

DETAIL: This is a new allocation for FY 2020.

55 23 c. Of the amount allocated, \$32,000 shall be transferred
 55 24 to the department of public health to support the costs of
 55 25 establishing and implementing new or additional services
 55 26 required pursuant to 2018 Iowa Acts, chapter 1056, and any
 55 27 legislation enacted by the 2019 general assembly establishing a
 55 28 children's behavioral health system.

Transfers \$32,000 to the Department of Public Health for the Your Life Iowa Program to include information on the Iowa Children's Behavioral Health System.

DETAIL: This is a new transfer for FY 2020.

55 29 Sec. 29. DEPARTMENT-WIDE DUTIES. There is appropriated
 55 30 from the general fund of the state to the department of human
 55 31 services for the fiscal year beginning July 1, 2019, and ending
 55 32 June 30, 2020, the following amount, or so much thereof as is
 55 33 necessary, to be used for the purposes designated:
 55 34 For salaries, support, maintenance, and miscellaneous
 55 35 purposes at facilities under the purview of the department of
 56 1 human services:
 56 2 \$ 2,879,274

General Fund appropriation to the DHS facilities.

DETAIL: This is no change compared to estimated net FY 2019. This appropriation is to ensure adequate staffing within the DHS facilities and to transfer staff as needed, while remaining within the set number of authorized positions.

56 3 Sec. 30. VOLUNTEERS. There is appropriated from the general
 56 4 fund of the state to the department of human services for the
 56 5 fiscal year beginning July 1, 2019, and ending June 30, 2020,
 56 6 the following amount, or so much thereof as is necessary, to be
 56 7 used for the purpose designated:
 56 8 For development and coordination of volunteer services:
 56 9 \$ 84,686

General Fund appropriation to the DHS for the development and coordination of the Volunteer Services Program.

DETAIL: This is no change compared to estimated net FY 2019.

56 10 Sec. 31. MEDICAL ASSISTANCE, STATE SUPPLEMENTARY
 56 11 ASSISTANCE, AND SOCIAL SERVICE PROVIDERS REIMBURSED UNDER THE
 56 12 DEPARTMENT OF HUMAN SERVICES.

56 13 1. a. (1) (a) For the fiscal year beginning July 1,
 56 14 2019, the department shall rebase case-mix nursing facility
 56 15 rates effective July 1, 2019, to the extent possible within the
 56 16 state funding, including the \$23,401,942, appropriated for this
 56 17 purpose.

Requires the DHS to rebase case-mix nursing facility rates effective July 1, 2019. Non-case-mix and special population nursing facilities reimbursement methodology is to remain the same as the methodology in effect on June 30, 2019. The MCOs are required to adjust facility-specific rates based upon payment rate listings issued by the DHS and the rates are to be applied prospectively from the date the DHS issues the letter.

56 18 (b) For the fiscal year beginning July 1, 2019, non-case-mix
 56 19 and special population nursing facilities shall be reimbursed
 56 20 in accordance with the methodology in effect on June 30 of the
 56 21 prior fiscal year.

FISCAL IMPACT: The General Assembly increased the Medicaid Program appropriation by \$23,401,942 to be included in the case-mix nursing facility rebase.

56 22 (c) For managed care claims, the department of human
 56 23 services shall adjust the payment rate floor for nursing
 56 24 facilities, annually, to maintain a rate floor that is no
 56 25 lower than the Medicaid fee-for-service case-mix adjusted
 56 26 rate calculated in accordance with subparagraph division
 56 27 (a) and 441 IAC 81.6. The department shall then calculate
 56 28 adjusted reimbursement rates, including but not limited to
 56 29 add-on-payments, annually, and shall notify Medicaid managed
 56 30 care organizations of the adjusted reimbursement rates within
 56 31 30 days of determining the adjusted reimbursement rates. Any
 56 32 adjustment of reimbursement rates under this subparagraph
 56 33 division shall be budget neutral to the state budget.

56 34 (d) For the fiscal year beginning July 1, 2019, Medicaid
 56 35 managed care long-term services and supports capitation
 57 1 rates shall be adjusted to reflect the rebasing pursuant to
 57 2 subparagraph division (a) for the patient populations residing

57 3 in Medicaid-certified nursing facilities.
57 4 (2) Medicaid managed care organizations shall adjust
57 5 facility-specific rates based upon payment rate listings issued
57 6 by the department. The rate adjustments shall be applied
57 7 prospectively from the effective date of the rate letter issued
57 8 by the department.

Requires a pharmacy dispensing fee reimbursement rate of \$10.07 per prescription.

DETAIL: This is an increase of \$0.05 compared to the FY 2019 fee.

57 9 b. (1) For the fiscal year beginning July 1, 2019,
57 10 the department shall establish the pharmacy dispensing fee
57 11 reimbursement at \$10.07 per prescription, until a cost of
57 12 dispensing survey is completed. The actual dispensing fee
57 13 shall be determined by a cost of dispensing survey performed
57 14 by the department and required to be completed by all medical
57 15 assistance program participating pharmacies every two years,
57 16 adjusted as necessary to maintain expenditures within the
57 17 amount appropriated to the department for this purpose for the
57 18 fiscal year.

Requires the DHS to continue an Average Acquisition Cost (AAC) reimbursement methodology for all drugs covered under the Medicaid Program. The methodology is to utilize a survey of pharmacy invoices to determine the AAC. The Department is to provide a process for pharmacies to address AAC prices that are not reflective of the actual drug cost.

57 19 (2) The department shall utilize an average acquisition
57 20 cost reimbursement methodology for all drugs covered under the
57 21 medical assistance program in accordance with 2012 Iowa Acts,
57 22 chapter 1133, section 33.

Requires the FY 2020 rate of reimbursement for outpatient hospital services remain at the rates in effect June 30, 2019, subject to the Medicaid upper payment limit (UPL) rules.

57 23 c. (1) For the fiscal year beginning July 1, 2019,
57 24 reimbursement rates for outpatient hospital services shall
57 25 remain at the rates in effect on June 30, 2019, subject to
57 26 Medicaid program upper payment limit rules, and adjusted
57 27 as necessary to maintain expenditures within the amount
57 28 appropriated to the department for this purpose for the fiscal
57 29 year.

Requires the FY 2020 rate of reimbursement for inpatient hospital services remain at the rates in effect June 30, 2019, subject to the Medicaid UPL rules.

57 30 (2) For the fiscal year beginning July 1, 2019,
57 31 reimbursement rates for inpatient hospital services shall
57 32 remain at the rates in effect on June 30, 2019, subject to
57 33 Medicaid program upper payment limit rules, and adjusted
57 34 as necessary to maintain expenditures within the amount
57 35 appropriated to the department for this purpose for the fiscal
58 1 year.

Requires critical access hospitals to be reimbursed for inpatient and outpatient services based on an adjustment factor methodology developed by the DHS.

58 2 (3) For the fiscal year beginning July 1, 2019, under
58 3 both fee-for-service and managed care administration of the
58 4 Medicaid program, critical access hospitals shall be reimbursed
58 5 for inpatient and outpatient services based on a critical
58 6 access hospital adjustment factor methodology developed by
58 7 the department. The adjustment factor methodology shall
58 8 be hospital-specific, shall be based on the most recent

FISCAL IMPACT: This change is estimated to increase General Fund Medicaid expenditures by \$1,500,000 for the new adjustment factor.

58 9 and complete cost reporting period, and shall be applied
 58 10 prospectively within the funds appropriated for such purpose
 58 11 for the fiscal year. Implementation of the critical access
 58 12 hospital adjustment factor methodology shall be contingent
 58 13 on the department's receipt of approval from the centers for
 58 14 Medicare and Medicaid services of the United States department
 58 15 of health and human services.

58 16 (4) For the fiscal year beginning July 1, 2019, the graduate
 58 17 medical education and disproportionate share hospital fund
 58 18 shall remain at the amount in effect on June 30, 2019, except
 58 19 that the portion of the fund attributable to graduate medical
 58 20 education shall be reduced in an amount that reflects the
 58 21 elimination of graduate medical education payments made to
 58 22 out-of-state hospitals.

58 23 (5) In order to ensure the efficient use of limited state
 58 24 funds in procuring health care services for low-income lowans,
 58 25 funds appropriated in this Act for hospital services shall
 58 26 not be used for activities which would be excluded from a
 58 27 determination of reasonable costs under the federal Medicare
 58 28 program pursuant to 42 U.S.C. §1395x(v)(1)(N).

58 29 d. For the fiscal year beginning July 1, 2019, reimbursement
 58 30 rates for hospices and acute psychiatric hospitals shall be
 58 31 increased in accordance with increases under the federal
 58 32 Medicare program or as supported by their Medicare audited
 58 33 costs.

58 34 e. For the fiscal year beginning July 1, 2019, independent
 58 35 laboratories and rehabilitation agencies shall be reimbursed
 59 1 using the same methodology in effect on June 30, 2019.

59 2 f. (1) For the fiscal year beginning July 1, 2019,
 59 3 reimbursement rates for home health agencies shall continue to
 59 4 be based on the Medicare low utilization payment adjustment
 59 5 (LUPA) methodology with state geographic wage adjustments.
 59 6 The department shall continue to update the rates every two
 59 7 years to reflect the most recent Medicare LUPA rates to the
 59 8 extent possible within the state funding appropriated for this
 59 9 purpose.

59 10 (2) For the fiscal year beginning July 1, 2019, rates for
 59 11 private duty nursing and personal care services under the early
 59 12 and periodic screening, diagnostic, and treatment program
 59 13 benefit shall be calculated based on the methodology in effect
 59 14 on June 30, 2019.

Requires the FY 2020 rate of reimbursement for the Graduate Medical Education and Disproportionate Share Hospital Fund remain at the rate in effect June 30, 2019, except for the portion that eliminates graduate medical education payments made to out-of-state hospitals.

Requires funds appropriated to hospital activities be used for activities pursuant to the federal Medicare Program.

Requires hospice services and acute psychiatric hospitals be reimbursed at the rate established under the federal Medicare Program for FY 2020.

Requires the FY 2020 reimbursement methodology for independent laboratories and rehabilitation agencies remain the same as the methodology used on June 30, 2019.

Requires the DHS to rebase home health agency rates effective July 1, 2019.

DETAIL: The rebase will be budget neutral as no additional funds were provided.

Requires the FY 2020 rates for private duty nursing and personal care services under the EPSDT Program remain the same as the methodology on June 30, 2019.

59 15 g. For the fiscal year beginning July 1, 2019, federally
 59 16 qualified health centers and rural health clinics shall receive
 59 17 cost-based reimbursement for 100 percent of the reasonable
 59 18 costs for the provision of services to recipients of medical
 59 19 assistance.

Requires the DHS to reimburse federally qualified health centers and rural health clinics for 100.00% of the reasonable costs for provision of services to Medicaid Program recipients.

59 20 h. For the fiscal year beginning July 1, 2019, the
 59 21 reimbursement rates for dental services shall remain at the
 59 22 rates in effect on June 30, 2019.

Requires the FY 2020 reimbursement rates for dental services remain at the rates in effect on June 30, 2019.

59 23 i. (1) For the fiscal year beginning July 1, 2019,
 59 24 reimbursement rates for non-state-owned psychiatric medical
 59 25 institutions for children shall be based on the reimbursement
 59 26 methodology in effect on June 30, 2019.

Requires non-state-owned Psychiatric Medical Institutions for Children (PMICs) to be reimbursed based on the reimbursement methodology in effect on June 30, 2019.

59 27 (2) As a condition of participation in the medical
 59 28 assistance program, enrolled providers shall accept the medical
 59 29 assistance reimbursement rate for any covered goods or services
 59 30 provided to recipients of medical assistance who are children
 59 31 under the custody of a psychiatric medical institution for
 59 32 children.

Requires PMIC providers to accept the Medicaid rate for any covered goods or services for children under the custody of the PMIC.

59 33 j. For the fiscal year beginning July 1, 2019, unless
 59 34 otherwise specified in this Act, all noninstitutional medical
 59 35 assistance provider reimbursement rates shall remain at the
 60 1 rates in effect on June 30, 2019, except for area education
 60 2 agencies, local education agencies, infant and toddler
 60 3 services providers, home and community-based services providers
 60 4 including consumer-directed attendant care providers under a
 60 5 section 1915(c) or 1915(i) waiver, targeted case management
 60 6 providers, and those providers whose rates are required to be
 60 7 determined pursuant to section 249A.20, or to meet federal
 60 8 mental health parity requirements.

Requires the FY 2020 reimbursement rates for all noninstitutional Medicaid providers, with specified exceptions, remain at the rates in effect on June 30, 2019.

60 9 k. Notwithstanding any provision to the contrary, for the
 60 10 fiscal year beginning July 1, 2019, the reimbursement rate for
 60 11 anesthesiologists shall remain at the rates in effect on June
 60 12 30, 2019, and updated on January 1, 2020, to align with the
 60 13 most current Iowa Medicare anesthesia rate.

Requires the FY 2020 reimbursement rates for anesthesiologists remain at the rates in effect on June 30, 2019, and updated on January 1, 2020, to align with the most current Iowa Medicare anesthesia rate.

60 14 l. Notwithstanding section 249A.20, for the fiscal year
 60 15 beginning July 1, 2019, the average reimbursement rate for
 60 16 health care providers eligible for use of the federal Medicare
 60 17 resource-based relative value scale reimbursement methodology
 60 18 under section 249A.20 shall remain at the rate in effect on
 60 19 June 30, 2019; however, this rate shall not exceed the maximum
 60 20 level authorized by the federal government.

Requires the FY 2020 rates for health care providers eligible for use of the federal Medicare resource-based relative value scale reimbursement methodology remain at the rates in effect on June 30, 2019, and not exceed the maximum level authorized by the federal government.

60 21 m. For the fiscal year beginning July 1, 2019, the
60 22 reimbursement rate for residential care facilities shall not
60 23 be less than the minimum payment level as established by the
60 24 federal government to meet the federally mandated maintenance
60 25 of effort requirement. The flat reimbursement rate for
60 26 facilities electing not to file annual cost reports shall not
60 27 be less than the minimum payment level as established by the
60 28 federal government to meet the federally mandated maintenance
60 29 of effort requirement.

Requires the FY 2020 reimbursement rates for residential care facilities be no less than the minimum payment level required to meet the federal requirement.

60 30 n. For the fiscal year beginning July 1, 2019, the
60 31 reimbursement rates for inpatient mental health services
60 32 provided at hospitals shall remain at the rates in effect on
60 33 June 30, 2019, subject to Medicaid program upper payment limit
60 34 rules; and psychiatrists shall be reimbursed at the medical
60 35 assistance program fee-for-service rate in effect on June 30,
61 1 2019.

Requires the FY 2020 reimbursement rates for inpatient psychiatric hospital services remain at the rates in effect on June 30, 2019, subject to Medicaid UPL rules and psychiatrist reimbursement rates remain at the rate in effect on June 30, 2019.

61 2 o. For the fiscal year beginning July 1, 2019, community
61 3 mental health centers may choose to be reimbursed for the
61 4 services provided to recipients of medical assistance through
61 5 either of the following options:
61 6 (1) For 100 percent of the reasonable costs of the services.
61 7 (2) In accordance with the alternative reimbursement rate
61 8 methodology approved by the department of human services in
61 9 effect on June 30, 2019.

Allows Community Mental Health Centers (CMHCs) to choose between two different methodologies for reimbursement. The first option allows the CMHCs to be reimbursed at 100.00% of reasonable cost of service and uses a cost settlement methodology. The second option is based on rates in effect on June 30, 2019.

61 10 p. For the fiscal year beginning July 1, 2019, the
61 11 reimbursement rate for providers of family planning services
61 12 that are eligible to receive a 90 percent federal match shall
61 13 remain at the rates in effect on June 30, 2019.

Requires the FY 2020 reimbursement rates for family planning services eligible to receive a 90.00% federal match remain at the rates in effect on June 30, 2019.

61 14 q. Unless otherwise subject to a tiered rate methodology,
61 15 for the fiscal year beginning July 1, 2019, the upper
61 16 limits and reimbursement rates for providers of home and
61 17 community-based services waiver services shall be reimbursed
61 18 using the reimbursement methodology in effect on June 30, 2019.

Requires the FY 2020 reimbursement rates for HCBS waiver service providers remain at the rates in effect on June 30, 2019.

61 19 r. For the fiscal year beginning July 1, 2019, the
61 20 reimbursement rates for emergency medical service providers
61 21 shall remain at the rates in effect on June 30, 2019, or as
61 22 approved by the centers for Medicare and Medicaid services of
61 23 the United States department of health and human services.

Requires the FY 2020 reimbursement rates for emergency medical service providers remain at the rates in effect on June 30, 2019.

61 24 s. For the fiscal year beginning July 1, 2019, reimbursement
61 25 rates for substance-related disorder treatment programs
61 26 licensed under section 125.13 shall remain at the rates in
61 27 effect on June 30, 2019.

Requires the FY 2020 reimbursement rates for substance-related disorder treatment providers remain at the rates in effect on June 30, 2019.

61 28 t. For the fiscal year beginning July 1, 2019, assertive
61 29 community treatment per diem rates shall be adjusted to reflect
61 30 an actual average per diem cost within the additional \$211,332
61 31 appropriated for this purpose.

Requires the FY 2020 reimbursement rates for assertive community treatment providers be increased by \$211,332 over the rates in effect June 30, 2019.

DETAIL: An increase was provided under the Medicaid appropriations for this change.

61 32 2. For the fiscal year beginning July 1, 2019, the
61 33 reimbursement rate for providers reimbursed under the
61 34 in-home-related care program shall not be less than the minimum
61 35 payment level as established by the federal government to meet
62 1 the federally mandated maintenance of effort requirement.

Requires that the minimum reimbursement payment for providers of the In-Home-Related Care Program be no less than the minimum payment established by the federal government.

62 2 3. Unless otherwise directed in this section, when the
62 3 department's reimbursement methodology for any provider
62 4 reimbursed in accordance with this section includes an
62 5 inflation factor, this factor shall not exceed the amount
62 6 by which the consumer price index for all urban consumers
62 7 increased during the calendar year ending December 31, 2002.

Specifies that when the required reimbursement methodology for providers under this subsection includes an inflation factor, the factor cannot exceed the increase in the Consumer Price Index (CPI) for All Urban Consumers for the calendar year ending December 31, 2002.

62 8 4. Notwithstanding section 234.38, for the fiscal
62 9 year beginning July 1, 2019, the foster family basic daily
62 10 maintenance rate and the maximum adoption subsidy rate for
62 11 children ages 0 through 5 years shall be \$16.78, the rate for
62 12 children ages 6 through 11 years shall be \$17.45, the rate for
62 13 children ages 12 through 15 years shall be \$19.10, and the
62 14 rate for children and young adults ages 16 and older shall
62 15 be \$19.35. For youth ages 18 to 21 who have exited foster
62 16 care, the preparation for adult living program maintenance rate
62 17 shall be \$602.70 per month. The maximum payment for adoption
62 18 subsidy nonrecurring expenses shall be limited to \$500 and the
62 19 disallowance of additional amounts for court costs and other
62 20 related legal expenses implemented pursuant to 2010 Iowa Acts,
62 21 chapter 1031, section 408, shall be continued.

Requires the FY 2020 reimbursement rates for the Foster Family Basic Daily Maintenance Rate and the Maximum Adoption Subsidy Rate for children from birth through age 21 remain at the rates in effect on June 30, 2019.

62 22 5. For the fiscal year beginning July 1, 2019, the maximum
62 23 reimbursement rates for social services providers under
62 24 contract shall remain at the rates in effect on June 30, 2019,
62 25 or the provider's actual and allowable cost plus inflation for
62 26 each service, whichever is less. However, if a new service
62 27 or service provider is added after June 30, 2019, the initial
62 28 reimbursement rate for the service or provider shall be based
62 29 upon a weighted average of provider rates for similar services.

Requires the FY 2020 reimbursement rates for social services providers under contract remain at the rates in effect on June 30, 2019, or the provider's actual and allowable cost plus inflation for each service, whichever is less. This subsection also addresses reimbursement rates if a new service or service provider is added after June 30, 2019.

62 30 6. a. For the fiscal year beginning July 1, 2019, the
62 31 reimbursement rates for resource family recruitment and
62 32 retention contractors shall be established by contract.

Requires the FY 2020 reimbursement rates for resource family recruitment and retention contractors and supervised apartment living foster care providers remain at the rates in effect on June 30, 2019.

62 33 b. For the fiscal year beginning July 1, 2019, the
62 34 reimbursement rates for supervised apartment living foster care
62 35 providers shall be established by contract.

Requires the FY 2020 combined reimbursement rates for group foster care be set by contract.

63 1 7. For the fiscal year beginning July 1, 2019, the
63 2 reimbursement rate for group foster care providers shall be the
63 3 combined service and maintenance reimbursement rate established
63 4 by contract.

Requires the group foster care reimbursement rates paid for placement of children out-of-state be calculated according to the same rate-setting principles as those used for in-state providers, unless the Director of the DHS determines that appropriate care cannot be provided in the State. Also, requires payment of the daily rate be based on the number of days in the calendar month this service is provided.

63 5 8. The group foster care reimbursement rates paid for
63 6 placement of children out of state shall be calculated
63 7 according to the same rate-setting principles as those used for
63 8 in-state providers, unless the director of human services or
63 9 the director's designee determines that appropriate care cannot
63 10 be provided within the state. The payment of the daily rate
63 11 shall be based on the number of days in the calendar month in
63 12 which service is provided.

Requires the FY 2020 statewide average reimbursement rates paid to shelter care providers be established by contract.

63 13 9. a. For the fiscal year beginning July 1, 2019, the
63 14 reimbursement rate paid for shelter care and the child welfare
63 15 emergency services implemented to provide or prevent the need
63 16 for shelter care shall be established by contract.

Requires the FY 2020 combined service and maintenance components of the reimbursement rate paid to shelter care providers be based on the cost report submitted to the DHS. Also, requires a maximum reimbursement rate of \$101.83 per day and requires the DHS to reimburse shelter care providers at the actual and allowable unit cost, plus inflation, not to exceed the maximum reimbursement rate.

63 17 b. For the fiscal year beginning July 1, 2019, the combined
63 18 service and maintenance components of the reimbursement rate
63 19 paid for shelter care services shall be based on the financial
63 20 and statistical report submitted to the department. The
63 21 maximum reimbursement rate shall be \$101.83 per day. The
63 22 department shall reimburse a shelter care provider at the
63 23 provider's actual and allowable unit cost, plus inflation, not
63 24 to exceed the maximum reimbursement rate.

Requires the FY 2020 statewide average reimbursement rates paid to shelter care providers remain at the rates in effect on July 1, 2018.

63 25 c. Notwithstanding section 232.141, subsection 8, for the
63 26 fiscal year beginning July 1, 2019, the amount of the statewide
63 27 average of the actual and allowable rates for reimbursement of
63 28 juvenile shelter care homes that is utilized for the limitation
63 29 on recovery of unpaid costs shall remain at the amount in
63 30 effect for this purpose in the fiscal year beginning July 1,
63 31 2018.

Requires the DHS to calculate reimbursement rates for intermediate care facilities for persons with intellectual disabilities (ICF/IDs) at the 80th percentile for FY 2020. The rate calculation methodology is required to use the inflation factor applicable for FY 2020.

63 32 10. For the fiscal year beginning July 1, 2019, the
63 33 department shall calculate reimbursement rates for intermediate
63 34 care facilities for persons with an intellectual disability
63 35 at the 80th percentile. Beginning July 1, 2019, the rate
64 1 calculation methodology shall utilize the consumer price index
64 2 inflation factor applicable to the fiscal year beginning July
64 3 1, 2019.

64 4 11. Effective July 1, 2019, the child care provider	Requires child care provider reimbursement rates remain at the rates in
64 5 reimbursement rates shall remain at the rates in effect on June	effect on June 30, 2019.
64 6 30, 2019. The department shall set rates in a manner so as	
64 7 to provide incentives for a nonregistered provider to become	
64 8 registered by applying any increase only to registered and	
64 9 licensed providers.	
64 10 12. The department may adopt emergency rules to implement	Allows the DHS to adopt emergency rules to implement reimbursement
64 11 this section.	rates.
64 12 Sec. 32. CONTRACTED SERVICES — PROHIBITED USE OF STATE	
64 13 FUNDING FOR LOBBYING.	
64 14 1. The department shall submit a report to the individuals	Requires the DHS to report to the chairpersons and ranking members
64 15 identified in this Act for submission of reports by December	of the Health and Human Services Appropriations Subcommittee, the
64 16 15, 2019, regarding the outcomes of any program or activity for	LSA, and the DOM by December 15, 2019, regarding the outcomes of
64 17 which funding is appropriated or allocated from the general	any program or activity awarded through the request for proposals
64 18 fund of the state to the department under this division of this	process.
64 19 Act, and for which a request for proposals process is required.	
64 20 2. The department shall incorporate into the general	Requires the DHS to prohibit General Fund appropriations or
64 21 conditions applicable to all award documents involving funding	allocations awarded to be used for lobbying activities. "Lobbyist" does
64 22 appropriated or allocated from the general fund of the state to	not include Executive Branch liaisons.
64 23 the department under this division of this Act, a prohibition	
64 24 against the use of such funding for the compensation of a	
64 25 lobbyist. For the purposes of this section, "lobbyist" means	
64 26 the same as defined in section 68B.2; however, "lobbyist"	
64 27 does not include a person employed by a state agency of the	
64 28 executive branch of state government who represents the agency	
64 29 relative to the passage, defeat, approval, or modification of	
64 30 legislation that is being considered by the general assembly.	
64 31 Sec. 33. EMERGENCY RULES.	
64 32 1. If specifically authorized by a provision of this	Allows the DHS to adopt emergency rules to implement the Section
64 33 division of this Act, the department of human services or	dealing with reimbursement rates.
64 34 the mental health and disability services commission may	
64 35 adopt administrative rules under section 17A.4, subsection	
65 1 3, and section 17A.5, subsection 2, paragraph "b", to	
65 2 implement the provisions of this division of this Act and	
65 3 the rules shall become effective immediately upon filing or	
65 4 on a later effective date specified in the rules, unless the	
65 5 effective date of the rules is delayed or the applicability	
65 6 of the rules is suspended by the administrative rules review	
65 7 committee. Any rules adopted in accordance with this section	
65 8 shall not take effect before the rules are reviewed by the	
65 9 administrative rules review committee. The delay authority	
65 10 provided to the administrative rules review committee under	

65 11 section 17A.4, subsection 7, and section 17A.8, subsection 9,
 65 12 shall be applicable to a delay imposed under this section,
 65 13 notwithstanding a provision in those sections making them
 65 14 inapplicable to section 17A.5, subsection 2, paragraph “b”.
 65 15 Any rules adopted in accordance with the provisions of this
 65 16 section shall also be published as a notice of intended action
 65 17 as provided in section 17A.4.

65 18 2. If during a fiscal year, the department of human
 65 19 services is adopting rules in accordance with this section
 65 20 or as otherwise directed or authorized by state law, and the
 65 21 rules will result in an expenditure increase beyond the amount
 65 22 anticipated in the budget process or if the expenditure was
 65 23 not addressed in the budget process for the fiscal year, the
 65 24 department shall notify the persons designated by this division
 65 25 of this Act for submission of reports, the chairpersons and
 65 26 ranking members of the committees on appropriations, and
 65 27 the department of management concerning the rules and the
 65 28 expenditure increase. The notification shall be provided at
 65 29 least 30 calendar days prior to the date notice of the rules
 65 30 is submitted to the administrative rules coordinator and the
 65 31 administrative code editor.

Requires the DHS to report to the chairpersons and ranking members of the Appropriations Committees, the LSA, and the DOM at least 30 days prior to submitting rules that have a fiscal impact that was not addressed in the budget process.

65 32 Sec. 34. REPORTS. Any reports or other information
 65 33 required to be compiled and submitted under this Act during the
 65 34 fiscal year beginning July 1, 2019, shall be submitted to the
 65 35 chairpersons and ranking members of the joint appropriations
 66 1 subcommittee on health and human services, the legislative
 66 2 services agency, and the legislative caucus staffs on or
 66 3 before the dates specified for submission of the reports or
 66 4 information.

Requires any reports required by this Bill be submitted to the chairpersons and ranking members of the Health and Human Services Appropriations Subcommittee, legislative caucus staff, and the LSA.

66 5 Sec. 35. EFFECTIVE UPON ENACTMENT. The following
 66 6 provisions of this division of this Act, being deemed of
 66 7 immediate importance, take effect upon enactment:
 66 8 1. The provision relating to section 232.141 and directing
 66 9 the state court administrator and the division administrator of
 66 10 the department of human services division of child and family
 66 11 services to make the determination, by June 15, 2019, of the
 66 12 distribution of funds allocated for the payment of the expenses
 66 13 of court-ordered services provided to juveniles which are a
 66 14 charge upon the state.

The provision directing the State Court Administrator and the Division Administrator of the Child and Family Services Division of the DHS to determine the distribution of funds for the State expenses of court-ordered services for juveniles by June 15, 2019, takes effect upon enactment.

66 15 DIVISION VI
 66 16 HEALTH CARE ACCOUNTS AND FUNDS — FY 2019-2020

66 17 Sec. 36. PHARMACEUTICAL SETTLEMENT ACCOUNT. There is
 66 18 appropriated from the pharmaceutical settlement account created

Pharmaceutical Settlement Account appropriation to the DHS for the Medical Contracts appropriation in Medicaid.

66 19 in section 249A.33 to the department of human services for the
 66 20 fiscal year beginning July 1, 2019, and ending June 30, 2020,
 66 21 the following amount, or so much thereof as is necessary, to be
 66 22 used for the purpose designated:

DETAIL: This is a decrease of \$1,212,073 compared to estimated net FY 2019 due to lower revenues available in the Account.

66 23 Notwithstanding any provision of law to the contrary, to
 66 24 supplement the appropriations made in this Act for medical
 66 25 contracts under the medical assistance program for the fiscal
 66 26 year beginning July 1, 2019, and ending June 30, 2020:
 66 27 \$ 234,193

66 28 Sec. 37. QUALITY ASSURANCE TRUST FUND — DEPARTMENT OF HUMAN
 66 29 SERVICES. Notwithstanding any provision to the contrary and
 66 30 subject to the availability of funds, there is appropriated
 66 31 from the quality assurance trust fund created in section
 66 32 249L.4 to the department of human services for the fiscal year
 66 33 beginning July 1, 2019, and ending June 30, 2020, the following
 66 34 amounts, or so much thereof as is necessary, for the purposes
 66 35 designated:

Quality Assurance Trust Fund appropriation to supplement nursing facilities under the Medicaid Program.

DETAIL: This is an increase of \$21,865,189 compared to estimated net FY 2019 due to increasing the provider assessment for nursing facilities from 2.18% to 3.95%.

67 1 To supplement the appropriation made in this Act from the
 67 2 general fund of the state to the department of human services
 67 3 for medical assistance for the same fiscal year:
 67 4 \$ 58,570,397

67 5 Sec. 38. HOSPITAL HEALTH CARE ACCESS TRUST FUND —
 67 6 DEPARTMENT OF HUMAN SERVICES. Notwithstanding any provision to
 67 7 the contrary and subject to the availability of funds, there is
 67 8 appropriated from the hospital health care access trust fund
 67 9 created in section 249M.4 to the department of human services
 67 10 for the fiscal year beginning July 1, 2019, and ending June
 67 11 30, 2020, the following amounts, or so much thereof as is
 67 12 necessary, for the purposes designated:

Hospital Health Care Access Trust Fund appropriation to the Medicaid Program.

DETAIL: This is no change compared to estimated net FY 2019.

67 13 To supplement the appropriation made in this Act from the
 67 14 general fund of the state to the department of human services
 67 15 for medical assistance for the same fiscal year:
 67 16 \$ 33,920,554

67 17 Sec. 39. MEDICAL ASSISTANCE PROGRAM — NONREVERSION
 67 18 FOR FY 2019-2020. Notwithstanding section 8.33, if moneys
 67 19 appropriated for purposes of the medical assistance program for
 67 20 the fiscal year beginning July 1, 2019, and ending June 30,
 67 21 2020, from the general fund of the state, the quality assurance
 67 22 trust fund, and the hospital health care access trust fund, are
 67 23 in excess of actual expenditures for the medical assistance
 67 24 program and remain unencumbered or unobligated at the close
 67 25 of the fiscal year, the excess moneys shall not revert but
 67 26 shall remain available for expenditure for the purposes of the
 67 27 medical assistance program until the close of the succeeding
 67 28 fiscal year.

CODE: Requires nonreversion of funds from the Medicaid Program. The funds will carry forward and remain available for use and expenditure in FY 2021.

67 29 DIVISION VII
67 30 GRADUATED SANCTION, COURT-ORDERED, AND GROUP FOSTER CARE
67 31 SERVICES AND FUNDING WORK GROUP
67 32 Sec. 40. GRADUATED SANCTION, COURT-ORDERED, AND GROUP
67 33 FOSTER CARE SERVICES AND FUNDING WORK GROUP.

67 34 1. As used in this section, unless the context otherwise
67 35 requires:
68 1 a. "Court-ordered services" means the defined or specific
68 2 care and treatment that is ordered by the court for an eligible
68 3 child and for which no other payment source is available to
68 4 cover the cost.
68 5 b. "Department" means the department of human services.
68 6 c. "Eligible child" means a child who has been adjudicated
68 7 delinquent, is at risk, or has been certified by the chief
68 8 juvenile court officer as eligible for court-ordered services.
68 9 d. "Graduated sanction services" includes community-based
68 10 interventions, school-based supervision, and supportive
68 11 enhancements provided in community-based settings to an
68 12 eligible child who is adjudicated delinquent or who is at risk
68 13 of adjudication.

Establishes definitions for the work group specified in subsection 2.

68 14 2. The division of criminal and juvenile justice planning
68 15 of the department of human rights shall convene and provide
68 16 administrative support to a work group to review and develop
68 17 a plan to transfer the administration of graduated sanctions
68 18 and court-ordered services and funding and the oversight of
68 19 group foster care placements for eligible children from the
68 20 department to the office of the state court administrator.
68 21 The plan shall ensure that the office of the state court
68 22 administrator has the capacity, resources, and expertise to
68 23 manage the funding and services effectively.

Directs the Division of Criminal and Juvenile Justice Planning (CJJP) of the Department of Human Rights to convene a work group to review and develop a plan to transfer graduated sanctions and court-ordered services funding, and oversight of group foster care placements, from DHS to the Office of the State Court Administrator or other appropriate State entity.

68 24 3. a. In addition to a representative of the division of
68 25 criminal and juvenile justice planning of the department of
68 26 human rights, the membership of the work group shall include
68 27 but is not limited to representatives of all of the following:
68 28 (1) The judicial branch, including the state court
68 29 administrator or the state court administrator's designee,
68 30 a juvenile court judge, at least one chief juvenile court
68 31 officer, and a representative with fiscal and contract
68 32 experience.
68 33 (2) The department of human services, including
68 34 representatives with experience managing graduated sanctions
68 35 funding and group foster care placements.
69 1 (3) The department of justice.
69 2 (4) The juvenile justice advisory committee.

Specifies the membership of the work group and that any expenses incurred by a member of the work group shall be the responsibility of the individual member or the respective entity represented by the member.

69 3 (5) Member and nonmember agencies of the coalition for
 69 4 family and children's services in Iowa.
 69 5 (6) Providers of community-based services for eligible
 69 6 children.
 69 7 (7) Providers of group foster care.
 69 8 (8) Attorneys who represent children in juvenile justice
 69 9 proceedings.
 69 10 (9) County attorneys.
 69 11 (10) Federal Title IV-E funding and services subject matter
 69 12 experts.
 69 13 (11) Individuals who formerly received services as eligible
 69 14 children or their parents.
 69 15 b. In addition, the work group membership shall include
 69 16 four members of the general assembly. The legislative members
 69 17 shall serve as ex officio, nonvoting members of the work group,
 69 18 with one member to be appointed by each of the following: the
 69 19 majority leader of the senate, the minority leader of the
 69 20 senate, the speaker of the house of representatives, and the
 69 21 minority leader of the house of representatives.
 69 22 c. In addition to the members specified, the division
 69 23 of criminal and juvenile justice planning may include other
 69 24 stakeholders with interest or expertise on the work group.
 69 25 d. Any expenses incurred by a member of the work group
 69 26 shall be the responsibility of the individual member or the
 69 27 respective entity represented by the member.

69 28 4. The work group shall do all of the following:
 69 29 a. Develop an action plan to transfer the administration
 69 30 of juvenile court graduated sanction services, court-ordered
 69 31 services, and associated funding from the department to the
 69 32 office of the state court administrator or other appropriate
 69 33 state entity.
 69 34 b. Develop an action plan to transfer the oversight of
 69 35 group foster care services for eligible children from the
 70 1 department to the office of the state court administrator or
 70 2 other appropriate state entity with the necessary expertise to
 70 3 provide such services.
 70 4 c. Develop an action plan to transfer administration of the
 70 5 juvenile detention home fund created in section 232.142 from
 70 6 the department to the office of the state court administrator
 70 7 or other appropriate state entity.
 70 8 d. Evaluate current resources to determine the most
 70 9 efficient means of suitably equipping the office of the state
 70 10 court administrator or other appropriate state entity with
 70 11 the policies and legal authority; staffing; contracting,
 70 12 procurement, data, and quality assurance capabilities;
 70 13 and other resources necessary to manage such funds and
 70 14 associated services effectively. The evaluation shall

Requires the work group to do the following:

- Create a plan to transfer the administration of funding for graduated sanctions and court-ordered services from DHS to the Office of the State Court Administrator.
- Create a plan to transfer oversight of group foster care services from DHS to the Office of the State Court Administrator, or another appropriate State entity.
- Create a plan to transfer oversight of the Juvenile Detention Home Fund from DHS to the Office of the State Court Administrator, or another appropriate State entity.
- Create a plan for the process of the transfers.
- Recommend the necessary Iowa Code, Administrative Rules, or Court Rules changes to promote collaborative case planning and quality assurance for the youth in the system.
- Consult with other state juvenile court systems and experts to review administration of similar programs.

70 15 require collaboration with the department to manage transition
 70 16 activities.
 70 17 e. Recommend statutory and administrative policies and
 70 18 court rules to promote collaborative case planning and quality
 70 19 assurance between the department and juvenile court services
 70 20 for youth who may be involved in both the child welfare and
 70 21 juvenile justice systems or who may utilize the same providers
 70 22 or services.
 70 23 f. Determine the impact and role of the federal Family
 70 24 First Prevention Services Act relative to the various funding
 70 25 streams and services under the purview of the work group, and
 70 26 recommend statutory and administrative policies and rules to
 70 27 coordinate the duties of the work group with implementation and
 70 28 administration of the federal Act.
 70 29 g. Determine the role of the decategorization of child
 70 30 welfare and juvenile justice funding initiative pursuant
 70 31 to section 232.188 relative to the other funding streams
 70 32 and services under the purview of the work group, and make
 70 33 recommendations regarding the future of the initiative
 70 34 including the potential transfer of administration of the
 70 35 initiative from the department to the office of the state court
 71 1 administrator or other appropriate state entity.
 71 2 h. Consult with other state juvenile court systems and
 71 3 subject matter experts to review administration of similar
 71 4 programs, to glean information on lessons learned and best
 71 5 practices, and to determine the types of community and
 71 6 residential services that have demonstrated effectiveness for
 71 7 eligible children.

71 8 5. The division of criminal and juvenile justice planning
 71 9 of the department of human rights shall submit a report of the
 71 10 findings and recommendations of the work group, including a
 71 11 plan to implement the recommendations by July 1, 2021, to the
 71 12 governor and the general assembly by December 15, 2019.

Requires the CJJP to submit a report on the work group's findings, including a plan to implement the recommendations by July 1, 2021, to the Governor and the General Assembly by December 15, 2019.

71 13 DIVISION VIII
 71 14 CO-OCCURRING CONDITIONS — ENHANCED DELIVERY OF SERVICES REVIEW

71 15 Sec. 41. REVIEW TO PROVIDE ENHANCED DELIVERY OF SERVICES
 71 16 FOR CO-OCCURRING CONDITIONS. The director of the department
 71 17 of public health and the director of the department of human
 71 18 services shall develop recommendations for the enhanced
 71 19 delivery of co-occurring conditions services. The directors
 71 20 shall examine the current service delivery system to identify
 71 21 opportunities for reducing the administrative burden on the
 71 22 departments and providers, evaluate the use of an integrated
 71 23 helpline and website and improvements in data collection
 71 24 and sharing of outcomes, and create a structure for ongoing

Requires the DPH and the DHS to develop recommendations for the enhanced delivery of co-occurring conditions. The departments are required to submit a report including findings, a five-year plan, and other recommendations to the Governor and General Assembly by December 15, 2019.

71 25 collaboration. The directors shall submit a report including
 71 26 findings, a five-year plan to address co-occurring conditions
 71 27 across provider types and payors, and other recommendations to
 71 28 the governor and general assembly by December 15, 2019.

71 29 DIVISION IX
 71 30 MEDICAID MANAGED CARE CONTRACTS

71 31 Sec. 42. MEDICAID MANAGED CARE CONTRACTS — NOTIFICATION
 71 32 TO GENERAL ASSEMBLY. The department of human services shall
 71 33 notify the chairpersons and ranking members of the joint
 71 34 appropriations subcommittee on health and human services, the
 71 35 legislative services agency, and the legislative caucus staffs
 72 1 as follows:
 72 2 1. Within thirty days of the execution of a Medicaid managed
 72 3 care contract or amendment to a Medicaid managed care contract.
 72 4 2. Within thirty days of the determination by the
 72 5 department during each measurement year whether to return the
 72 6 incentive payment withhold amount to the Medicaid managed care
 72 7 organization based upon performance and the criteria used in
 72 8 making the determination.

Requires the DHS to notify the chairpersons and ranking members of the Health and Human Services Appropriations Subcommittee, the LSA, and caucus staff within 30 days of execution or amendment of an MCO contract, and within 30 days of determining the incentive payment withhold amount.

72 9 DIVISION X
 72 10 IOWA DEPARTMENT ON AGING — MEDICAID CLAIMING

72 11 Sec. 43. IOWA DEPARTMENT ON AGING — MEDICAID CLAIMING. The
 72 12 department on aging and the department of human services shall
 72 13 continue to collaborate to develop a cost allocation plan
 72 14 requesting Medicaid administrative funding to provide for the
 72 15 claiming of federal financial participation for aging and
 72 16 disability resource center activities that are performed to
 72 17 assist with administration of the Medicaid program. By January
 72 18 1, 2021, the department of human services shall submit to
 72 19 the centers for Medicare and Medicaid services of the United
 72 20 States department of health and human services any Medicaid
 72 21 state plan amendment as necessary and shall enter into any
 72 22 interagency agreement with the department on aging to implement
 72 23 this section.

Requires the DHS and the IDA to continue to collaborate to develop a cost allocation plan requesting federal financial participation for the Aging and Disability Resource Center (ADRC) activities.

72 24 DIVISION XI
 72 25 DECATEGORYIZATION FY 2017 CARRYOVER FUNDING

72 26 Sec. 44. DECATEGORYIZATION CARRYOVER FUNDING FY 2017 —
 72 27 TRANSFER TO MEDICAID PROGRAM. Notwithstanding section 232.188,
 72 28 subsection 5, paragraph “b”, any state-appropriated moneys in
 72 29 the funding pool that remained unencumbered or unobligated
 72 30 at the close of the fiscal year beginning July 1, 2016, and
 72 31 were deemed carryover funding to remain available for the two

Transfers decategorization funds to Medicaid that would have previously reverted to the General Fund.

DETAIL: It is estimated that \$500,000 will be transferred to Medicaid to be used in FY 2020.

72 32 succeeding fiscal years that still remain unencumbered or
 72 33 unobligated at the close of the fiscal year beginning July 1,
 72 34 2018, shall not revert but shall be transferred to the medical
 72 35 assistance program for the fiscal year beginning July 1, 2019.

73 1 Sec. 45. EFFECTIVE DATE. This division of this Act, being
 73 2 deemed of immediate importance, takes effect upon enactment.
 73 3 Sec. 46. RETROACTIVE APPLICABILITY. This division of this
 73 4 Act applies retroactively to July 1, 2018.

Specifies the provision transferring decategorization funds to Medicaid that would have previously reverted to the General Fund is effective upon enactment and retroactive to July 1, 2018.

73 5 DIVISION XII
 73 6 PRIOR APPROPRIATIONS AND OTHER PROVISIONS

73 7 TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)
 73 8 Sec. 47. 2017 Iowa Acts, chapter 174, section 45, as amended
 73 9 by 2018 Iowa Acts, chapter 1165, section 10, is amended to read
 73 10 as follows:

CODE: Amends the FY 2019 Health and Human Services Appropriations Act. See the underlined subsections below for changes.

73 11 SEC. 45. TEMPORARY ASSISTANCE FOR NEEDY FAMILIES BLOCK
 73 12 GRANT. There is appropriated from the fund created in section
 73 13 8.41 to the department of human services for the fiscal year
 73 14 beginning July 1, 2018, and ending June 30, 2019, from moneys
 73 15 received under the federal temporary assistance for needy
 73 16 families (TANF) block grant pursuant to the federal Personal
 73 17 Responsibility and Work Opportunity Reconciliation Act of 1996,
 73 18 Pub.L.No.104-193, and successor legislation, the following
 73 19 amounts, or so much thereof as is necessary, to be used for the
 73 20 purposes designated:

73 21 1. To be credited to the family investment program account
 73 22 and used for assistance under the family investment program
 73 23 under chapter 239B:
 73 24\$ 4,539,006
 73 254,025,108

Deappropriates \$513,898 from the estimated net FY 2019 TANF appropriation for the FIP.

DETAIL: The deappropriation is due to funds not being expended during FY 2019 due to lower than expected enrollment.

73 26 2. To be credited to the family investment program account
 73 27 and used for the job opportunities and basic skills (JOBS)
 73 28 program and implementing family investment agreements in
 73 29 accordance with chapter 239B:
 73 30\$ 5,412,060
 73 315,192,060

Deappropriates \$220,000 from the estimated net FY 2019 TANF appropriation for the PROMISE JOBS Program.

DETAIL: The deappropriation is due to funds not being expended during FY 2019 due to fewer referrals to the Program.

73 32 3. To be used for the family development and
 73 33 self-sufficiency grant program in accordance with section
 73 34 216A.107:
 73 35\$ 2,883,980
 74 12,898,980
 74 2 Notwithstanding section 8.33, moneys appropriated in this
 74 3 subsection that remain unencumbered or unobligated at the close

Increases the FY 2019 TANF appropriation for the FaDSS Program by \$15,000.

DETAIL: The increase is to restore the DHS administrative costs to the FY 2018 funding level.

74 4 of the fiscal year shall not revert but shall remain available
 74 5 for expenditure for the purposes designated until the close of
 74 6 the succeeding fiscal year. However, unless such moneys are
 74 7 encumbered or obligated on or before September 30, 2019, the
 74 8 moneys shall revert.

74 9 4. For field operations:
 74 10 \$ 31,296,232
 74 11 32,465,681

Increases the FY 2019 TANF appropriation for DHS Field Operations by \$1,169,449.

74 12 5. For general administration:
 74 13 \$ 3,744,000

DETAIL: The increase in funding is to help the DHS maintain its current staffing level.

74 14 6. For state child care assistance:
 74 15 \$ 47,166,826

74 16 a. Of the funds appropriated in this subsection,
 74 17 \$26,205,412 is transferred to the child care and development
 74 18 block grant appropriation made by the Eighty-seventh General
 74 19 Assembly, 2018 session, for the federal fiscal year beginning
 74 20 October 1, 2018, and ending September 30, 2019. Of this
 74 21 amount, \$200,000 shall be used for provision of educational
 74 22 opportunities to registered child care home providers in order
 74 23 to improve services and programs offered by this category
 74 24 of providers and to increase the number of providers. The
 74 25 department may contract with institutions of higher education
 74 26 or child care resource and referral centers to provide
 74 27 the educational opportunities. Allowable administrative
 74 28 costs under the contracts shall not exceed 5 percent. The
 74 29 application for a grant shall not exceed two pages in length.

74 30 b. Any funds appropriated in this subsection remaining
 74 31 unallocated shall be used for state child care assistance
 74 32 payments for families who are employed including but not
 74 33 limited to individuals enrolled in the family investment
 74 34 program.

74 35 7. For child and family services:
 75 1 \$ 32,380,654

75 2 8. For child abuse prevention grants:
 75 3 \$ 125,000

75 4 9. For pregnancy prevention grants on the condition that
 75 5 family planning services are funded:
 75 6 \$ 1,913,203
 75 7 1,890,203

Deappropriates \$23,000 from the estimated net FY 2019 TANF appropriation for the Pregnancy Prevention Program.

75 8 Pregnancy prevention grants shall be awarded to programs
 75 9 in existence on or before July 1, 2018, if the programs have
 75 10 demonstrated positive outcomes. Grants shall be awarded to
 75 11 pregnancy prevention programs which are developed after July
 75 12 1, 2018, if the programs are based on existing models that
 75 13 have demonstrated positive outcomes. Grants shall comply with
 75 14 the requirements provided in 1997 Iowa Acts, chapter 208,

DETAIL: The deappropriation is due to funds not being expended during FY 2019.

75 15 section 14, subsections 1 and 2, including the requirement that
 75 16 grant programs must emphasize sexual abstinence. Priority in
 75 17 the awarding of grants shall be given to programs that serve
 75 18 areas of the state which demonstrate the highest percentage of
 75 19 unplanned pregnancies of females of childbearing age within the
 75 20 geographic area to be served by the grant.

75 21 10. For technology needs and other resources necessary
 75 22 to meet federal welfare reform reporting, tracking, and case
 75 23 management requirements:
 75 24\$ 1,037,186
 75 25862,186

Deappropriates \$175,000 from the estimated net FY 2019 TANF appropriation for Training and Technology.

DETAIL: The deappropriation is due to funds not being expended during FY 2019.

75 26 11. a. Notwithstanding any provision to the contrary,
 75 27 including but not limited to requirements in section 8.41 or
 75 28 provisions in 2017 or 2018 Iowa Acts regarding the receipt and
 75 29 appropriation of federal block grants, federal funds from the
 75 30 temporary assistance for needy families block grant received by
 75 31 the state and not otherwise appropriated in this section and
 75 32 remaining available for the fiscal year beginning July 1, 2018,
 75 33 are appropriated to the department of human services to the
 75 34 extent as may be necessary to be used in the following priority
 75 35 order:the family investment program, for state child care
 76 1 assistance program payments for families who are employed, and
 76 2 for the family investment program share of system costs for
 76 3 eligibility determination and related functions. The federal
 76 4 funds appropriated in this paragraph "a" shall be expended
 76 5 only after all other funds appropriated in subsection 1 for
 76 6 assistance under the family investment program, in subsection 6
 76 7 for child care assistance, or in subsection 10 for technology
 76 8 costs related to the family investment program, as applicable,
 76 9 have been expended. For the purposes of this subsection, the
 76 10 funds appropriated in subsection 6, paragraph "a", for transfer
 76 11 to the child care and development block grant appropriation
 76 12 are considered fully expended when the full amount has been
 76 13 transferred.

76 14 b. The department shall, on a quarterly basis, advise the
 76 15 legislative services agency and department of management of
 76 16 the amount of funds appropriated in this subsection that was
 76 17 expended in the prior quarter.

76 18 12. Of the amounts appropriated in this section,
 76 19 \$12,962,008 for the fiscal year beginning July 1, 2018, is
 76 20 transferred to the appropriation of the federal social services
 76 21 block grant made to the department of human services for that
 76 22 fiscal year.

76 23 13. For continuation of the program providing categorical
 76 24 eligibility for the food assistance program as specified
 76 25 for the program in the section of this division of this Act

Deappropriates \$1,236 from the estimated net FY 2019 TANF appropriation for Expanded Categorical Eligibility for the SNAP Program.

76 26 relating to the family investment program account:
 76 27\$ 14,236
 76 2813,000

DETAIL: The deappropriation is due to funds not being expended during FY 2019.

76 29 14. The department may transfer funds allocated in this
 76 30 section to the appropriations made in this division of this Act
 76 31 for the same fiscal year for general administration and field
 76 32 operations for resources necessary to implement and operate the
 76 33 services referred to in this section and those funded in the
 76 34 appropriation made in this division of this Act for the same
 76 35 fiscal year for the family investment program from the general
 77 1 fund of the state.

77 2 15. With the exception of moneys allocated under this
 77 3 section for the family development and self-sufficiency grant
 77 4 program, to the extent moneys allocated in this section are
 77 5 deemed by the department not to be necessary to support the
 77 6 purposes for which they are allocated, such moneys may be
 77 7 used in the same fiscal year for any other purpose for which
 77 8 funds are allocated in this section or in section 7 of this
 77 9 division for the family investment program account. If there
 77 10 are conflicting needs, priority shall first be given to the
 77 11 family investment program account as specified under subsection
 77 12 1 of this section and used for the purposes of assistance under
 77 13 the family investment program under chapter 239B, followed by
 77 14 state child care assistance program payments for families who
 77 15 are employed, followed by other priorities as specified by the
 77 16 department.

77 17 FAMILY INVESTMENT PROGRAM ADJUSTMENTS

77 18 Sec. 48. 2017 Iowa Acts, chapter 174, section 46, subsection
 77 19 4, as amended by 2018 Iowa Acts, chapter 1165, section 11, is
 77 20 amended to read as follows:

77 21 4. Moneys appropriated in this division of this Act and
 77 22 credited to the FIP account for the fiscal year beginning July
 77 23 1, 2018, and ending June 30, 2019, are allocated as follows:

77 24 a. To be retained by the department of human services to
 77 25 be used for coordinating with the department of human rights
 77 26 to more effectively serve participants in FIP and other shared
 77 27 clients and to meet federal reporting requirements under the
 77 28 federal temporary assistance for needy families block grant:
 77 29\$ 5,000
 77 3020,000

Increases the FY 2019 FIP Account appropriation for the FaDSS Program by \$15,000.

DETAIL: The increase is to restore the DHS administrative costs to the FY 2018 funding level.

77 31 b. To the department of human rights for staffing,
 77 32 administration, and implementation of the family development
 77 33 and self-sufficiency grant program in accordance with section
 77 34 216A.107:

77 35\$ 6,192,834

78 1 (1) Of the funds allocated for the family development

78 2 and self-sufficiency grant program in this paragraph "b",
 78 3 not more than 5 percent of the funds shall be used for the
 78 4 administration of the grant program.
 78 5 (2) The department of human rights may continue to implement
 78 6 the family development and self-sufficiency grant program
 78 7 statewide during fiscal year 2018-2019.
 78 8 (3) The department of human rights may engage in activities
 78 9 to strengthen and improve family outcomes measures and
 78 10 data collection systems under the family development and
 78 11 self-sufficiency grant program.

78 12 c. For the diversion subaccount of the FIP account:
 78 13 \$ 749,694
 78 14 815,000

Increases the FY 2019 FIP Account appropriation for the Diversion subaccount by \$65,306.

78 15 A portion of the moneys allocated for the subaccount may
 78 16 be used for field operations, salaries, data management
 78 17 system development, and implementation costs and support
 78 18 deemed necessary by the director of human services in order to
 78 19 administer the FIP diversion program. To the extent moneys
 78 20 allocated in this paragraph "c" are deemed by the department
 78 21 not to be necessary to support diversion activities, such
 78 22 moneys may be used for other efforts intended to increase
 78 23 engagement by family investment program participants in work,
 78 24 education, or training activities, or for the purposes of
 78 25 assistance under the family investment program in accordance
 78 26 with chapter 239B.

DETAIL: The increase is to restore the Diversion subaccount to the FY 2018 funding level.

78 27 d. For the food assistance employment and training program:
 78 28 \$ 66,588

78 29 (1) The department shall apply the federal supplemental
 78 30 nutrition assistance program (SNAP) employment and training
 78 31 state plan in order to maximize to the fullest extent permitted
 78 32 by federal law the use of the 50 percent federal reimbursement
 78 33 provisions for the claiming of allowable federal reimbursement
 78 34 funds from the United States department of agriculture
 78 35 pursuant to the federal SNAP employment and training program
 79 1 for providing education, employment, and training services
 79 2 for eligible food assistance program participants, including
 79 3 but not limited to related dependent care and transportation
 79 4 expenses.

79 5 (2) The department shall continue the categorical federal
 79 6 food assistance program eligibility at 160 percent of the
 79 7 federal poverty level and continue to eliminate the asset test
 79 8 from eligibility requirements, consistent with federal food
 79 9 assistance program requirements. The department shall include
 79 10 as many food assistance households as ~~is~~ are allowed by federal
 79 11 law. The eligibility provisions shall conform to all federal
 79 12 requirements including requirements addressing individuals who
 79 13 are incarcerated or otherwise ineligible.

79 14 e. For the JOBS program:
 79 15 \$ 12,139,821
 79 16 11,919,821

Decreases the FY 2019 FIP Account appropriation for the PROMISE JOBS Program by \$220,000.

DETAIL: The decrease is due to funds not being expended during FY 2019 due to fewer referrals to the Program.

79 17 MEDICAL ASSISTANCE PROGRAM ADJUSTMENT

79 18 Sec. 49. 2017 Iowa Acts, chapter 174, section 51, unnumbered
 79 19 paragraph 2, as amended by 2018 Iowa Acts, chapter 1165,
 79 20 section 18, is amended to read as follows:

79 21 For medical assistance program reimbursement and associated
 79 22 costs as specifically provided in the reimbursement
 79 23 methodologies in effect on June 30, 2018, except as otherwise
 79 24 expressly authorized by law, consistent with options under
 79 25 federal law and regulations, and contingent upon receipt of
 79 26 approval from the office of the governor of reimbursement for
 79 27 each abortion performed under the program:

79 28 \$1,337,841,375
 79 29 1,488,141,375

General Fund supplemental appropriation of \$150,300,000 for the Medicaid Program in FY 2019.

79 30 GROUP FOSTER CARE REALLOCATION

79 31 Sec. 50. 2017 Iowa Acts, chapter 174, section 57, subsection
 79 32 3, paragraph a, as amended by 2018 Iowa Acts, chapter 1165,
 79 33 section 28, is amended to read as follows:

79 34 a. Of the funds appropriated in this section, up to
 79 35 \$34,536,648 is allocated as the statewide expenditure target
 80 1 under section 232.143 for group foster care maintenance and
 80 2 services. If the department projects that such expenditures
 80 3 for the fiscal year will be less than the target amount
 80 4 allocated in this paragraph "a", the department may reallocate
 80 5 the excess to provide additional funding for family foster
 80 6 care, independent living, family safety, risk and permanency
 80 7 services, shelter care, or the child welfare emergency services
 80 8 addressed with the allocation for shelter care.

CODE: Amends the FY 2019 allocation from the General Fund appropriation for Child and Family Services, allocation for Group Foster Care, to expand the list of other permissible services to include family foster care, independent living, and family safety, risk, and permanency services.

DETAIL: This will allow for spending on more core services if group care expenditures come in under the target. This language is included in the FY 2020 allocations.

80 9 SHELTER CARE ALLOCATION

80 10 Sec. 51. 2017 Iowa Acts, chapter 174, section 57, subsection
 80 11 6, as amended by 2018 Iowa Acts, chapter 1165, section 28, is
 80 12 amended to read as follows:

80 13 ~~6. Notwithstanding section 234.35 or any other provision of~~
 80 14 ~~law to the contrary, state funding~~ Of the funds appropriated
 80 15 in this section, a sufficient amount is allocated for shelter
 80 16 care and the child welfare emergency services contracting
 80 17 implemented to provide for or prevent the need for shelter care

CODE: Amends the allocation from the FY 2019 General Fund appropriation for Child and Family Services, allocation for shelter care and child welfare emergency services, by removing the financial limitation.

DETAIL: The prior allocation for group foster care permitted extra funds to be spent on these services. This language is included in the FY 2020 allocations.

80 18 shall be limited to \$8,096,158.

80 19 OTHER FUNDING FOR CHILD WELFARE SERVICES

80 20 Sec. 52. 2017 Iowa Acts, chapter 174, section 57, as amended
 80 21 by 2018 Iowa Acts, chapter 1165, section 28, is amended by
 80 22 adding the following new subsection:
 80 23 NEW SUBSECTION 24. If a separate funding source is
 80 24 identified that reduces the need for state funds within an
 80 25 allocation under this section, the allocated state funds may be
 80 26 redistributed to other allocations under this section for the
 80 27 same fiscal year.

CODE: Amends the FY 2019 General Fund appropriation for Child and Family Services to specify that if other funding is available, the allocations of State funds in this Section may be substituted with the other funding source.

DETAIL: Child and Family Services other funding sources include Title IV-B and IV-E of the Social Security Act, TANF, and the Social Services Block Grant. This language is included in the FY 2020 allocations.

80 28 Sec. 53. EFFECTIVE DATE. This division of this Act, being
 80 29 deemed of immediate importance, takes effect upon enactment.

Specifies the provision amending FY 2019 appropriations is effective upon enactment.

80 30 Sec. 54. RETROACTIVE APPLICABILITY. This division of this
 80 31 Act applies retroactively to July 1, 2018.

Specifies the provision amending FY 2019 appropriations is retroactive to July 1, 2018.

80 32 DIVISION XIII
 80 33 HOSPITAL HEALTH CARE ACCESS ASSESSMENT PROGRAM FUTURE REPEAL

80 34 Sec. 55. Section 249M.5, Code 2019, is amended to read as
 80 35 follows:
 81 1 249M.5 FUTURE REPEAL.
 81 2 This chapter is repealed July 1, 2019 2021.

CODE: Extends the repeal of the Hospital Health Care Access Assessment Program until the end of FY 2021.

81 3 Sec. 56. EFFECTIVE DATE. This division of this Act, being
 81 4 deemed of immediate importance, takes effect upon enactment.

Specifies the provision relating to the repeal of the Hospital Health Care Access Assessment Program is effective upon enactment.

81 5 DIVISION XIV
 81 6 MENTAL HEALTH AND DISABILITY SERVICES — TRANSFER OF FUNDS
 81 7 Sec. 57. MENTAL HEALTH AND DISABILITY SERVICES — TRANSFER
 81 8 OF FUNDS. Notwithstanding section 331.432, a county with a
 81 9 population of over 300,000 based on the most recent federal
 81 10 decennial census, may transfer funds from any other fund of the
 81 11 county to the mental health and disability regional services
 81 12 fund for the purposes of providing mental health and disability
 81 13 services for the fiscal year beginning July 1, 2019, and
 81 14 ending June 30, 2020. The county shall submit a report to
 81 15 the governor and the general assembly by September 1, 2020,
 81 16 including the source of any funds transferred, the amount of
 81 17 the funds transferred, and the mental health and disability
 81 18 services provided with the transferred funds.

CODE: Allows Polk County to transfer funds from any other fund of the county to the County Mental Health and Disability Services Fund in FY 2020. Polk County is required to submit a report to the Governor and the General Assembly September 1, 2020, detailing the transfer of funds.

81 19	DIVISION XV	
81 20	OPERATION OF BOARD OF MEDICINE, BOARD OF NURSING, BOARD OF	
81 21	PHARMACY, AND THE DENTAL BOARD	
81 22	Sec. 58. Section 135.11A, subsection 1, Code 2019, is	CODE: Technical conforming change.
81 23	amended to read as follows:	
81 24	1. There shall be a professional licensure division within	
81 25	the department of public health. Each board under chapter 147	
81 26	or under the administrative authority of the department, except	
81 27	the board of nursing, board of medicine, dental board, and	
81 28	board of pharmacy, shall receive administrative and clerical	
81 29	support from the division and may not employ its own support	
81 30	staff for administrative and clerical duties. <u>The executive</u>	
81 31	<u>director of the board of nursing, board of medicine, dental</u>	
81 32	<u>board, and board of pharmacy shall be appointed pursuant to</u>	
81 33	<u>section 135.11B.</u>	
81 34	Sec. 59.NEW SECTION 135.11B APPOINTMENT OF CERTAIN	CODE: Modifies the appointment of the executive directors for the
81 35	EXECUTIVE DIRECTORS.	Board of Medicine, Board of Nursing, Dental Board, and Board of
82 1	1. The director shall appoint and supervise a full-time	Pharmacy by establishing the DPH Director will appoint and supervise
82 2	executive director for each of the following boards:	these positions.
82 3	a. The board of medicine.	
82 4	b. The board of nursing.	
82 5	c. The dental board.	
82 6	d. The board of pharmacy.	
82 7	2. Each board listed in subsection 1 shall advise the	CODE: Requires the four boards to advise the DPH Director on
82 8	director in evaluating potential candidates for the position of	matters related to the executive directors.
82 9	executive director, consult with the director in the hiring of	
82 10	the executive director, and review and advise the director on	
82 11	the performance of the executive director in the discharge of	
82 12	the executive director's duties.	
82 13	3. Each board listed in subsection 1 shall retain sole	CODE: Prohibits the DPH Director from interfering with the core
82 14	discretion and authority to execute the core functions of the	functions of the four boards.
82 15	board including but not limited to policymaking, advocating	
82 16	for and against legislation, rulemaking, licensing, licensee	
82 17	investigations, licensee disciplinary proceedings, and	
82 18	oversight of professional health programs. The director's	
82 19	supervision of the executive director shall not interfere with	
82 20	the board's discretion and authority in executing the core	
82 21	functions of the board.	
82 22	Sec. 60. Section 147.80, subsection 3, Code 2019, is amended	CODE: Technical conforming change.
82 23	to read as follows:	
82 24	3. The board of medicine, the board of pharmacy, the	
82 25	dental board, and the board of nursing shall retain individual	
82 26	executive officers <u>pursuant to section 135.11B</u> , but shall	

82 27 make every effort to share administrative, clerical, and
82 28 investigative staff to the greatest extent possible.

82 29 Sec. 61. Section 152.2, Code 2019, is amended to read as
82 30 follows:

82 31 152.2 EXECUTIVE DIRECTOR.

82 32 The board shall ~~appoint~~ retain a full-time executive
82 33 director, who shall be appointed pursuant to section 135B.11.
82 34 The executive director shall be a registered nurse ~~and shall~~
82 35 ~~not be a member of the board.~~ The governor, with the approval
83 1 of the executive council pursuant to section 8A.413, subsection
83 2 3, under the pay plan for exempt positions in the executive
83 3 branch of government, shall set the salary of the executive
83 4 director.

CODE: Technical conforming change.

83 5 Sec. 62. Section 153.33, subsection 2, Code 2019, is amended
83 6 to read as follows:

83 7 2. All employees needed to administer this chapter except
83 8 the executive director shall be appointed pursuant to the merit
83 9 system. The executive director shall ~~serve at the pleasure of~~
83 10 ~~the board~~ be appointed pursuant to section 135.11B and shall
83 11 be exempt from the merit system provisions of chapter 8A,
83 12 subchapter IV.

CODE: Technical conforming change.

83 6 DIVISION XVI
83 7 MEDICAID MEDICAL PRIOR AUTHORIZATION — UNIFORM PROCESS —
83 8 CENTRAL PORTAL

83 9 Sec. 63. MEDICAID — MEDICAL PRIOR AUTHORIZATION UNIFORM
83 10 PROCESS. The department of human services shall adopt rules
83 11 pursuant to chapter 17A by October 1, 2019, to require that
83 12 both managed care and fee-for-service payment and delivery
83 13 systems utilize a uniform process, including but not limited to
83 14 uniform forms, information requirements, and time frames, to
83 15 request medical prior authorization under the Medicaid program.
83 16 The rules shall require the managed care organizations,
83 17 by contract, to implement the uniform process by a date as
83 18 determined by the department.

Requires the DHS to adopt rules to require both managed care and fee-for-service systems to utilize a uniform process for prior authorization requests under Medicaid beginning October 1, 2019.

83 19 Sec. 64. MEDICAID MANAGEMENT INFORMATION SYSTEM — CENTRAL
83 20 PORTAL — REVIEW. The department shall review the costs
83 21 associated with expanding the medical assistance management
83 22 information system to integrate a single, statewide system to
83 23 serve as a central portal for submission of all medical prior
83 24 authorization requests for the Medicaid program. The portal
83 25 shall not be designed to make or review final determinations
83 26 of managed care organization medical prior authorization
83 27 requests, but shall only serve as a conduit to deliver medical

Requires the DHS to review costs associated with expanding the Medicaid Management Information System to integrate a single statewide system to serve as a central portal for the submission of all prior authorization requests under Medicaid. The results of the study are to be submitted to the Governor and the General Assembly by March 31, 2020.

83 28 prior authorization requests to the appropriate managed care
 83 29 organization. The results of the study shall be submitted to
 83 30 the governor and the general assembly no later than March 31,
 83 31 2020.

83 32 Sec. 65. EFFECTIVE DATE. This division of this Act, being
 83 33 deemed of immediate importance, takes effect upon enactment.

Specifies the provisions relating to Medicaid prior authorization take effect upon enactment.

83 34 DIVISION XVII
 83 35 HEALTH AND HUMAN SERVICES EXECUTIVE BRANCH ENTITIES — REFORM

CODE: Eliminates or combines certain health and human services-related entities and makes other changes relating to health and human services-related entities within the DPH and DHS.

85 1 IOWA COLLABORATIVE SAFETY NET PROVIDER NETWORK

85 2 Sec. 66. Section 135.24, subsection 7, paragraph e, Code
 85 3 2019, is amended to read as follows:
 85 4 e. "Specialty health care provider office" means the
 85 5 private office or clinic of an individual specialty health
 85 6 care provider or group of specialty health care providers as
 85 7 ~~referred by the Iowa collaborative safety net provider network~~
 85 8 ~~established in section 135.153~~, but does not include a field
 85 9 dental clinic, a free clinic, or a hospital.

CODE: Technical conforming change.

85 10 Sec. 67. Section 135.159, subsection 1, paragraph h, Code
 85 11 2019, is amended by striking the paragraph.

CODE: Technical conforming change.

85 12 Sec. 68. REPEAL. Section 135.153, Code 2019, is repealed.

CODE: Eliminates the Safety Net Provider Network.

85 13 HOSPITAL HEALTH CARE ACCESS TRUST FUND BOARD

85 14 Sec. 69. Section 249M.4, Code 2019, is amended to read as
 85 15 follows:
 85 16 249M.4 HOSPITAL HEALTH CARE ACCESS TRUST FUND — ~~BOARD~~ .
 85 17 1. A hospital health care access trust fund is created
 85 18 in the state treasury under the authority of the department.
 85 19 Moneys received through the collection of the hospital health
 85 20 care access assessment imposed under this chapter and any
 85 21 other moneys specified for deposit in the trust fund shall be
 85 22 deposited in the trust fund.
 85 23 2. Moneys in the trust fund shall be used, subject to
 85 24 their appropriation by the general assembly, by the department
 85 25 to reimburse participating hospitals the medical assistance
 85 26 program upper payment limit for inpatient and outpatient
 85 27 hospital services as calculated in this section. Following
 85 28 payment of such upper payment limit to participating hospitals,
 85 29 any remaining funds in the trust fund on an annual basis may be
 85 30 used for any of the following purposes:

CODE: Eliminates the Hospital Health Care Access Trust Fund Board.

85 31 a. To support medical assistance program utilization
85 32 shortfalls.

85 33 b. To maintain the state's capacity to provide access to and
85 34 delivery of services for vulnerable lowans.

85 35 c. To fund the health care workforce support initiative
86 1 created pursuant to section 135.175.

86 2 d. To support access to health care services for uninsured
86 3 lowans.

86 4 e. To support Iowa hospital programs and services which
86 5 expand access to health care services for lowans.

86 6 3. The trust fund shall be separate from the general fund
86 7 of the state and shall not be considered part of the general
86 8 fund. The moneys in the trust fund shall not be considered
86 9 revenue of the state, but rather shall be funds of the hospital
86 10 health care access assessment program. The moneys deposited
86 11 in the trust fund are not subject to section 8.33 and shall not
86 12 be transferred, used, obligated, appropriated, or otherwise
86 13 encumbered, except to provide for the purposes of this chapter.
86 14 Notwithstanding section 12C.7, subsection 2, interest or
86 15 earnings on moneys deposited in the trust fund shall be
86 16 credited to the trust fund.

86 17 4. The department shall adopt rules pursuant to chapter
86 18 17A to administer the trust fund and reimbursements and
86 19 expenditures as specified in this chapter made from the trust
86 20 fund.

86 21 5. a. Beginning July 1, 2010, or the implementation date
86 22 of the hospital health care access assessment program as
86 23 determined by receipt of approval from the centers for Medicare
86 24 and Medicaid services of the United States department of health
86 25 and human services, whichever is later, the department shall
86 26 increase the diagnostic related groups and ambulatory patient
86 27 classifications base rates to provide payments to participating
86 28 hospitals at the Medicare upper payment limit for the fiscal
86 29 year beginning July 1, 2010, calculated as of July 31, 2010.
86 30 Each participating hospital shall receive the same percentage
86 31 increase, but the percentage may differ depending on whether
86 32 the basis for the base rate increase is the diagnostic related
86 33 groups or ambulatory patient classifications.

86 34 b. The percentage increase shall be calculated by dividing
86 35 the amount calculated under subparagraph (1) by the amount
87 1 calculated under subparagraph (2) as follows:

87 2 (1) The amount under the Medicare upper payment limit for
87 3 the fiscal year beginning July 1, 2010, for participating
87 4 hospitals.

87 5 (2) The projected expenditures for participating hospitals
87 6 for the fiscal year beginning July 1, 2010, as determined by
87 7 the fiscal management division of the department, plus the
87 8 amount calculated under subparagraph (1).

87 9 6. For the fiscal year beginning July 1, 2011, and for
87 10 each fiscal year beginning July 1, thereafter, the payments to
87 11 participating hospitals shall continue to be calculated based
87 12 on the upper payment limit as calculated for the fiscal year
87 13 beginning July 1, 2010.

87 14 7. Reimbursement of participating hospitals shall
87 15 incorporate the rebasing process for inpatient and outpatient
87 16 services for state fiscal year 2012. However, the total amount
87 17 of increased funding available for reimbursement attributable
87 18 to rebasing shall not exceed four million five hundred thousand
87 19 dollars for state fiscal year 2012 and six million dollars for
87 20 state fiscal year 2013.

87 21 8. Any payments to participating hospitals under this
87 22 section shall result in budget neutrality to the general fund
87 23 of the state.

87 24 ~~9. a. A hospital health care access trust fund board is~~
87 25 ~~established consisting of the following members:~~

87 26 ~~—(1) The co-chairpersons and the ranking members of the joint~~
87 27 ~~appropriations subcommittee on health and human services.~~

87 28 ~~—(2) The Iowa medical assistance program director.~~

87 29 ~~—(3) Two hospital executives representing the two largest~~
87 30 ~~private health care systems in the state.~~

87 31 ~~—(4) The president of the Iowa hospital association.~~

87 32 ~~—(5) A representative of a consumer advocacy group, involved~~
87 33 ~~in both state and national initiatives, that provides data on~~
87 34 ~~key indicators of well-being for children and families in order~~
87 35 ~~to inform policymakers to help children and families succeed.~~

88 1 ~~b. The board shall do all of the following:~~

88 2 ~~—(1) Provide oversight of the trust fund.~~

88 3 ~~—(2) Make recommendations regarding the hospital health care~~
88 4 ~~access assessment program, including recommendations regarding~~
88 5 ~~the assessment calculation, assessment amounts, payments to~~
88 6 ~~participating hospitals, and use of the moneys in the trust~~
88 7 ~~fund.~~

88 8 ~~—(3) Submit an annual report to the governor and the general~~
88 9 ~~assembly regarding the use and expenditure of moneys deposited~~
88 10 ~~in the trust fund.~~

88 11 ~~c. The department shall provide administrative assistance~~
88 12 ~~to the board.~~

88 13 ADVISORY COMMITTEE TO THE CENTER FOR RURAL HEALTH AND PRIMARY
88 14 CARE

88 15 Sec. 70. Section 135.107, subsection 5, Code 2019, is
88 16 amended by striking the subsection.

CODE: Eliminates the Advisory Committee to the Center for Rural Health and Primary Care.

88 17 Sec. 71. Section 262.78, subsection 3, Code 2019, is amended

CODE: Technical conforming change.

88 18 to read as follows:

88 19 3. The president of the university of Iowa, in consultation
 88 20 with the president of Iowa state university of science and
 88 21 technology, shall employ a full-time director of the center.
 88 22 The center may employ staff to carry out the center's purpose.
 88 23 The director shall coordinate the agricultural health and
 88 24 safety programs of the center. The director shall regularly
 88 25 meet and consult with the ~~advisory committee to the center for~~
 88 26 rural health and primary care. The director shall provide
 88 27 the board of regents with relevant information regarding the
 88 28 center.

88 29 GOVERNMENTAL PUBLIC HEALTH ADVISORY COUNCIL

88 30 Sec. 72. Section 135A.2, subsection 2, Code 2019, is amended
 88 31 by striking the subsection.

CODE: Technical conforming change.

88 32 Sec. 73. Section 135A.9, subsection 1, Code 2019, is amended
 88 33 by striking the subsection.

CODE: Technical conforming change.

88 34 Sec. 74. REPEAL. Section 135A.4, Code 2019, is repealed.

CODE: Eliminates the Governmental Public Health Advisory Council.

88 35 PATIENT-CENTERED HEALTH ADVISORY COUNCIL

89 1 Sec. 75. REPEAL. Section 135.159, Code 2019, is repealed.

CODE: Eliminates the Patient-Centered Health Advisory Council.

89 2 COMBINING STATE MEDICAL EXAMINER ADVISORY COUNCIL WITH THE 89 3 INTERAGENCY COORDINATING COUNCIL

89 4 Sec. 76. Section 691.6B, Code 2019, is amended to read as
 89 5 follows:

CODE: Adds language from the responsibilities of the State Medical Examiner Advisory Council to the Interagency Coordinating Council.

89 6 691.6B INTERAGENCY COORDINATING COUNCIL.

89 7 1. An interagency coordinating council is created to advise
 89 8 do all of the following:

89 9 a. Advise and consult with the state medical examiner on a
 89 10 range of issues affecting the organization and functions of the
 89 11 office of the state medical examiner and the effectiveness of
 89 12 the medical examiner system in the state.

89 13 b. Advise the state medical examiner concerning the
 89 14 assurance of effective coordination of the functions and
 89 15 operations of the office of the state medical examiner with the
 89 16 needs and interests of the departments of public safety and
 89 17 public health.

89 18 2. Members of the interagency coordinating council shall
 89 19 include the all of the following:

CODE: Adds members from the State Medical Examiner Advisory Council to the Interagency Coordinating Council.

89 20 a. The state medical examiner, or when the state medical

89 21 examiner is not available, the deputy state medical examiner;
 89 22 ~~the~~.
 89 23 b. The commissioner of public safety or the commissioner's
 89 24 designee; the.
 89 25 c. The director of public health or the director's designee;
 89 26 and the.
 89 27 d. The governor or the governor's designee.
 89 28 e. Representatives from the office of the attorney
 89 29 general, the Iowa county attorneys association, the Iowa
 89 30 medical society, the Iowa association of pathologists, the
 89 31 Iowa association of county medical examiners, the statewide
 89 32 emergency medical system, and the Iowa funeral directors
 89 33 association.

89 34 3. The interagency coordinating council shall meet on
 89 35 a regular basis, and shall be organized and function as
 90 1 established by the state medical examiner by rule.

CODE: Requires that rules be adopted around organization and function of the Interagency Coordinating Council.

90 2 Sec. 77. REPEAL. Section 691.6C, Code 2019, is repealed.

CODE: Eliminates the State Medical Examiner Advisory Council.

90 3 TRAUMA SYSTEM ADVISORY COUNCIL

90 4 Sec. 78. Section 147A.24, subsection 2, Code 2019, is
 90 5 amended to read as follows:
 90 6 2. The council shall consist of seven members to be
 90 7 appointed by the director from the recommendations of
 90 8 the organizations in subsection 1 for terms of two years.
 90 9 Vacancies on the council shall be filled for the remainder of
 90 10 the term of the original appointment. Members whose terms
 90 11 expire may be reappointed.

CODE: Limits the membership of the Trauma System Advisory Council to seven members selected from a listing of organizations.

90 12 Sec. 79. TRANSITION PROVISIONS. Notwithstanding any
 90 13 provision of section 147A.24, subsection 2, to the contrary, a
 90 14 member of the trauma system advisory council on July 1, 2019,
 90 15 shall continue serving until the expiration of that member's
 90 16 term or until a vacancy occurs prior to the expiration of the
 90 17 applicable term, and such vacancy shall only be filled to the
 90 18 extent consistent with and necessary to maintain the total
 90 19 number of members of the council specified in section 147A.24,
 90 20 subsection 2, as amended in this Act.

Provides membership transition provisions.

90 21 TELECONFERENCE OPTION FOR STATE ENTITIES

90 22 Sec. 80. NEW SECTION 135.11B STATUTORY BOARD, COMMISSION,
 90 23 COMMITTEE, OR COUNCIL OF COMMITTEE — TELECONFERENCE OPTION.
 90 24 Any statutorily established board, commission, committee, or
 90 25 council established under the purview of the department shall
 90 26 provide for a teleconference option for board, commission,

CODE: Requires the DPH to provide for teleconference options for any board, commission, committee, or council member to participate in official meetings.

90 27 committee, or council members to participate in official
90 28 meetings.

90 29 ELIMINATION OF PAYMENT OF EXPENSES FOR PUBLIC MEMBERS OF
90 30 CERTAIN STATE ENTITIES

90 31 Sec. 81. Section 105.3, subsection 6, Code 2019, is amended
90 32 by striking the subsection.

CODE: Eliminates payment of compensation or expenses, as applicable, of public members of the Plumbing and Mechanical Systems Board.

90 33 Sec. 82. Section 135.43, subsection 2, unnumbered paragraph
90 34 1, Code 2019, is amended to read as follows:
90 35 The membership of the review team is subject to the
91 1 provisions of sections 69.16 and 69.16A, relating to political
91 2 affiliation and gender balance. Review team members who
91 3 are not designated by another appointing authority shall be
91 4 appointed by the state medical examiner. Membership terms
91 5 shall be for three years. A membership vacancy shall be filled
91 6 in the same manner as the original appointment. The review
91 7 team shall elect a chairperson and other officers as deemed
91 8 necessary by the review team. The review team shall meet upon
91 9 the call of the state medical examiner or as determined by
91 10 the review team. ~~The members of the team are eligible for~~
91 11 ~~reimbursement of actual and necessary expenses incurred in the~~
91 12 ~~performance of their official duties.~~ The review team shall
91 13 include the following:

CODE: Eliminates payment of compensation or expenses, as applicable, of public members of the Child Death Review Team.

91 14 Sec. 83. Section 135.62, subsection 2, paragraph e, Code
91 15 2019, is amended by striking the paragraph.

CODE: Eliminates payment of compensation or expenses, as applicable, of public members of the Health Facilities Council.

91 16 Sec. 84. Section 147A.3, Code 2019, is amended to read as
91 17 follows:
91 18 147A.3 MEETINGS OF THE COUNCIL — QUORUM — ~~EXPENSES~~ .
91 19 Membership, terms of office, and quorum, ~~and expenses~~ shall
91 20 be determined by the director pursuant to chapter 135.

CODE: Eliminates payment of compensation or expenses, as applicable, of public members of the Emergency Management Services Advisory Council.

91 21 Sec. 85. Section 256I.3, subsection 3, Code 2019, is amended
91 22 by striking the subsection.

CODE: Eliminates payment of compensation or expenses, as applicable, of public members of the Early Childhood Iowa State Board.

91 23 ELIMINATION OF CHILD WELFARE ADVISORY COMMITTEE, CHILD
91 24 SUPPORT ADVISORY COMMITTEE, CHILDREN'S MENTAL HEALTH WAIVER
91 25 IMPLEMENTATION COMMITTEE, AND PROPERTY TAX RELIEF FUND RISK
91 26 POOL

91 27 Sec. 86. Section 217.3A, subsection 1, Code 2019, is amended
91 28 to read as follows:

CODE: Technical conforming change.

91 29 1. GENERAL. The council on human services shall establish
 91 30 and utilize the advisory ~~committees~~ ~~committee~~ identified in
 91 31 this section and may establish and utilize other advisory
 91 32 committees. The council shall establish appointment
 91 33 provisions, membership terms, operating guidelines, and other
 91 34 operational requirements for committees established pursuant to
 91 35 this section.

92 1 Sec. 87. Section 217.3A, subsections 3 and 4, Code 2019, are
 92 2 amended by striking the subsections.

CODE: Eliminates the Child Support Advisory Committee and the Child Welfare Advisory Committee of the Council on Human Services.

92 3 Sec. 88. Section 426B.5, subsection 1, Code 2019, is amended
 92 4 by striking the subsection.

CODE: Eliminates the Mental Health and Disability Services Commission's Property Tax Relief Fund Risk Pool.

92 5 Sec. 89. 2005 Iowa Acts, chapter 117, section 4, subsection
 92 6 3, is amended by striking the subsection.

CODE: Eliminates the Children's Mental Health Waiver Implementation Committee.

92 7 DIVISION XVIII
 92 8 MEDICAL ASSISTANCE ADVISORY COUNCIL

92 9 Sec. 90. Section 217.3, subsection 4, Code 2019, is amended
 92 10 to read as follows:

CODE: Conforming change due to the elimination of the Medical Assistance Advisory Council (MAAC) Executive Committee.

92 11 4. Approve the budget of the department of human services
 92 12 prior to submission to the governor. Prior to approval of the
 92 13 budget, the council shall publicize and hold a public hearing
 92 14 to provide explanations and hear questions, opinions, and
 92 15 suggestions regarding the budget. Invitations to the hearing
 92 16 shall be extended to the governor, the governor-elect, the
 92 17 director of the department of management, and other persons
 92 18 deemed by the council as integral to the budget process. The
 92 19 budget materials submitted to the governor shall include a
 92 20 review of options for revising the medical assistance program
 92 21 made available by federal action or by actions implemented
 92 22 by other states as identified by the department, the medical
 92 23 assistance advisory council ~~and the executive committee of the~~
 92 24 ~~medical assistance advisory council~~ created in section 249A.4B,
 92 25 and by county representatives. The review shall address what
 92 26 potential revisions could be made in this state and how the
 92 27 changes would be beneficial to Iowans.

92 28 Sec. 91. Section 249A.4B, Code 2019, is amended to read as
 92 29 follows:

CODE: Eliminates the Executive Committee of the MAAC and limits the voting membership of the Council to ten members.

92 30 249A.4B MEDICAL ASSISTANCE ADVISORY COUNCIL.

92 31 1. A medical assistance advisory council is created to
 92 32 comply with 42 C.F.R. §431.12 based on section 1902(a)(4) of
 92 33 the federal Social Security Act and to advise the director

92 34 about health and medical care services under the medical
92 35 assistance program. The council shall meet no more than
93 1 quarterly. The director of public health and a public member
93 2 of the council selected by the public members of the council
93 3 ~~specified in subsection 2, paragraph "b",~~ shall serve as
93 4 co-chairpersons of the council.
93 5 2. a. The council shall consist of the following voting
93 6 members:
93 7 (1) Five professional or business entity members selected
93 8 by the entities specified pursuant to subsection 3, paragraph
93 9 "a".
93 10 (2) Five public members appointed pursuant to subsection 3,
93 11 paragraph "b". Of the five public members, at least one member
93 12 shall be a recipient of medical assistance.
93 13 b. The council shall include all of the following nonvoting
93 14 members:
93 15 (1) The director of public health, or the director's
93 16 designee.
93 17 (2) The director of the department on aging, or the
93 18 director's designee.
93 19 (3) The long-term care ombudsman, or the long-term care
93 20 ombudsman's designee.
93 21 (4) The dean of Des Moines university — osteopathic medical
93 22 center, or the dean's designee.
93 23 (5) The dean of the university of Iowa college of medicine,
93 24 or the dean's designee.
93 25 (6) A member of the hawk-i board created in section 514I.5,
93 26 selected by the members of the hawk-i board.
93 27 (7) The following members of the general assembly, each for
93 28 a term of two years as provided in section 69.16B:
93 29 (a) Two members of the house of representatives, one
93 30 appointed by the speaker of the house of representatives
93 31 and one appointed by the minority leader of the house of
93 32 representatives from their respective parties.
93 33 (b) Two members of the senate, one appointed by the
93 34 president of the senate after consultation with the majority
93 35 leader of the senate and one appointed by the minority leader
94 1 of the senate.
94 2 ~~—2. 3.~~ The voting membership of the council shall include
94 3 ~~all of the following voting members be selected or appointed~~
94 4 ~~as follows:~~
94 5 a. The five professional or business entity members shall
94 6 be selected by the entities specified under this paragraph "a".
94 7 The five professional or business entity members selected shall
94 8 be the president, or the president's representative, of each
94 9 of the following professional or business entities entity, or
94 10 a member of each of the following professional or business
94 11 entities, selected entity, designated by the entity:

94 12 (1) The Iowa medical society.
 94 13 (2) The Iowa osteopathic medical association.
 94 14 (3) The Iowa academy of family physicians.
 94 15 (4) The Iowa chapter of the American academy of pediatrics.
 94 16 (5) The Iowa physical therapy association.
 94 17 (6) The Iowa dental association.
 94 18 (7) The Iowa nurses association.
 94 19 (8) The Iowa pharmacy association.
 94 20 (9) The Iowa podiatric medical society.
 94 21 (10) The Iowa optometric association.
 94 22 (11) The Iowa association of community providers.
 94 23 (12) The Iowa psychological association.
 94 24 (13) The Iowa psychiatric society.
 94 25 (14) The Iowa chapter of the national association of social
 94 26 workers.
 94 27 (15) The coalition for family and children's services in
 94 28 Iowa.
 94 29 (16) The Iowa hospital association.
 94 30 (17) The Iowa association of rural health clinics.
 94 31 (18) The Iowa primary care association.
 94 32 (19) Free clinics of Iowa.
 94 33 (20) The opticians' association of Iowa, inc.
 94 34 (21) The Iowa association of hearing health professionals.
 94 35 (22) The Iowa speech and hearing association.
 95 1 (23) The Iowa health care association.
 95 2 (24) The Iowa association of area agencies on aging.
 95 3 (25) AARP.
 95 4 (26) The Iowa caregivers association.
 95 5 (27) Leading age Iowa.
 95 6 (28) The Iowa association for home care.
 95 7 (29) The Iowa council of health care centers.
 95 8 (30) The Iowa physician assistant society.
 95 9 (31) The Iowa association of nurse practitioners.
 95 10 (32) The Iowa nurse practitioner society.
 95 11 (33) The Iowa occupational therapy association.
 95 12 (34) The ARC of Iowa, formerly known as the association for
 95 13 retarded citizens of Iowa.
 95 14 (35) The national alliance on mental illness.
 95 15 (36) The Iowa state association of counties.
 95 16 (37) The Iowa developmental disabilities council.
 95 17 (38) The Iowa chiropractic society.
 95 18 (39) The Iowa academy of nutrition and dietetics.
 95 19 (40) The Iowa behavioral health association.
 95 20 (41) The midwest association for medical equipment services
 95 21 or an affiliated Iowa organization.
 95 22 ~~b.—Ten~~ b.—The five public members shall be public
 95 23 representatives which may include members of consumer groups,
 95 24 including recipients of medical assistance or their families,

95 25 consumer organizations, and others, appointed by the governor
95 26 for staggered terms of two years each, none of whom shall be
95 27 members of, or practitioners of, or have a pecuniary interest
95 28 in any of the professional or business entities specifically
95 29 represented under paragraph "a"; ~~and a majority of whom shall be~~
95 30 ~~current or former recipients of medical assistance or members~~
95 31 ~~of the families of current or former recipients.~~
95 32 ~~—c. A member of the hawk-i board created in section 5141.5;~~
95 33 ~~selected by the members of the hawk-i board.~~
95 34 ~~—3. The council shall include all of the following nonvoting~~
95 35 ~~members:~~
96 1 ~~—a. The director of public health, or the director's~~
96 2 ~~designee.~~
96 3 ~~—b. The director of the department on aging, or the~~
96 4 ~~director's designee.~~
96 5 ~~—c. The long-term care ombudsman, or the long-term care~~
96 6 ~~ombudsman's designee.~~
96 7 ~~—d. The dean of Des Moines university — osteopathic medical~~
96 8 ~~center, or the dean's designee.~~
96 9 ~~—e. The dean of the university of Iowa college of medicine;~~
96 10 ~~or the dean's designee.~~
96 11 ~~—f. The following members of the general assembly, each for a~~
96 12 ~~term of two years as provided in section 69.16B:~~
96 13 ~~—(1) Two members of the house of representatives, one~~
96 14 ~~appointed by the speaker of the house of representatives~~
96 15 ~~and one appointed by the minority leader of the house of~~
96 16 ~~representatives from their respective parties.~~
96 17 ~~—(2) Two members of the senate, one appointed by the~~
96 18 ~~president of the senate after consultation with the majority~~
96 19 ~~leader of the senate and one appointed by the minority leader~~
96 20 ~~of the senate.~~
96 21 ~~—4. a. An executive committee of the council is created and~~
96 22 ~~shall consist of the following members of the council:~~
96 23 ~~—(1) Five of the professional or business entity members~~
96 24 ~~designated pursuant to subsection 2, paragraph "a", and~~
96 25 ~~selected by the members specified under that paragraph, as~~
96 26 ~~voting members.~~
96 27 ~~—(2) Five of the public members appointed pursuant to~~
96 28 ~~subsection 2, paragraph "b", and selected by the members~~
96 29 ~~specified under that paragraph, as voting members. Of the five~~
96 30 ~~public members, at least one member shall be a recipient of~~
96 31 ~~medical assistance.~~
96 32 ~~—(3) The director of public health, or the director's~~
96 33 ~~designee, as a nonvoting member.~~
96 34 ~~—b. The executive committee shall meet on a monthly basis.~~
96 35 ~~The director of public health and the public member serving as~~
97 1 ~~co-chairperson of the council shall serve as co-chairpersons of~~
97 2 ~~the executive committee.~~

97 3 ~~—e. 4.~~ Based upon the deliberations of the council ~~and the~~
 97 4 ~~executive committee~~, the ~~executive committee~~ council shall make
 97 5 recommendations to the director regarding the budget, policy,
 97 6 and administration of the medical assistance program.

97 7 5. For each council meeting, other than those held during
 97 8 the time the general assembly is in session, each legislative
 97 9 member of the council shall be reimbursed for actual travel
 97 10 and other necessary expenses and shall receive a per diem as
 97 11 specified in section 7E.6 for each day in attendance, as shall
 97 12 the members of the council ~~or the executive committee~~ who are
 97 13 recipients or the family members of recipients of medical
 97 14 assistance, regardless of whether the general assembly is in
 97 15 session.

97 16 6. The department shall provide staff support and
 97 17 independent technical assistance to the council ~~and the~~
 97 18 ~~executive committee~~.

97 19 7. The director shall consider the recommendations offered
 97 20 by the council ~~and the executive committee~~ in the director's
 97 21 preparation of medical assistance budget recommendations to
 97 22 the council on human services pursuant to section 217.3 and in
 97 23 implementation of medical assistance program policies.

97 24 DIVISION XIX
 97 25 MEDICAID COVERAGE — PREGNANT WOMEN LAWFULLY ADMITTED FOR
 97 26 PERMANENT RESIDENCE
 97 27 Sec. 92. MEDICAID COVERAGE — PREGNANT WOMEN LAWFULLY
 97 28 ADMITTED FOR PERMANENT RESIDENCE IN THE UNITED STATES WITHOUT
 97 29 APPLICATION OF FIVE-YEAR WAITING PERIOD.

97 30 1. The department of human services shall seek a waiver from
 97 31 the centers for Medicare and Medicaid services of the United
 97 32 States department of health and human services to provide
 97 33 coverage under the Medicaid program for pregnant women lawfully
 97 34 admitted for permanent residence in the United States, without
 97 35 application of the five-year waiting period.

Requires the DHS to request a waiver from the Center for Medicare and Medicaid Services (CMS) to provide Medicaid coverage for pregnant women lawfully admitted for permanent residence in the United States without waiting the five-year waiting period.

98 1 2. If federal approval is received by the department, the
 98 2 department shall provide Medicaid coverage for pregnant women
 98 3 lawfully admitted for permanent residence in the United States,
 98 4 without application of the five-year waiting period, effective
 98 5 the first day of the month following the department's receipt
 98 6 of federal approval.

Specifies if the waiver is approved by CMS, the change is effective the first day of the month following federal approval.

98 7 DIVISION XX
 98 8 PROVISION OF CERTAIN SURGERIES OR PROCEDURES — EXEMPTION FROM
 98 9 REQUIRED ACCOMMODATIONS OR SERVICES

98 10 Sec. 93. Section 216.7, Code 2019, is amended by adding the

CODE: Specifies the Section does not require any State or local

98 11 following new subsection:	government unit or tax-supported district to provide for sex
98 12 NEW SUBSECTION 3. This section shall not require any	reassignment surgery or any other cosmetic, reconstructive, or plastic
98 13 state or local government unit or tax-supported district to	surgery procedure related to transsexualism, hermaphroditism, gender
98 14 provide for sex reassignment surgery or any other cosmetic,	identity disorder, or body dysmorphic disorder.
98 15 reconstructive, or plastic surgery procedure related to	
98 16 transsexualism, hermaphroditism, gender identity disorder, or	
98 17 body dysmorphic disorder.	
98 18 Sec. 94. EFFECTIVE DATE. This division of this Act, being	Specifies the provision related to exemptions from required
98 19 deemed of immediate importance, takes effect upon enactment.	accommodations or services is effective upon enactment.
98 20	
98 21 DIVISION XXI	
98 22 REVISION OF MEDICAID MANAGED CARE CONTRACTS — LIQUIDATED	
98 23 DAMAGES	
98 24 Sec. 95. REVISION OF MEDICAID MANAGED CARE CONTRACTS —	Requires the DHS to amend the Medicaid MCO contracts to include
98 25 LIQUIDATED DAMAGES. The department shall revise the Medicaid	the assessment of liquidated damages for prior authorization and
98 26 managed care contracts to include all of the following	claims payment system issues that were reported by the MCO to the
98 27 provisions:	DHS as corrected but reoccurred within 60 days and assessment of
98 28 1. The assessment of liquidated damages for prior	liquidated damages for the failure of an MCO to complete provider
98 29 authorization and claims payment system issues that were	credentialing or to accurately load provider rosters as required in the
98 30 reported by the managed care organization to the department	contract.
98 31 as corrected, but reoccurred within 60 days of the reported	
98 32 correction.	
98 33 2. The assessment of liquidated damages for the failure of	
98 34 a managed care organization to complete provider credentialing	
98 35 or to accurately load provider rosters as required in the	
98 36 contract.	
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99 18 Sec. 97. REQUEST FOR PROPOSALS PROCESS — TRANSITION. The
 99 19 department of public health shall continue the memorandum of
 99 20 understanding with the entity acting as intermediary on June
 99 21 30, 2019, pursuant to section 135.166, until the contractor
 99 22 selected through a request for proposals process assumes the
 99 23 duties of intermediary on January 1, 2021, as specified under
 99 24 this division of this Act.

Specifies the Memorandum of Understanding (MOU) with the IHA is continued until the contractor selected through an RFP process assumes the duties.

99 25 DIVISION XXIII
 99 26 DISTRIBUTION OF FEDERAL FUNDS — RESTRICTIONS — ABORTION

99 27 Sec. 98. DISTRIBUTION OF FEDERAL PUBLIC HEALTH SERVICES ACT
 99 28 FUNDS FOR FAMILY PLANNING.

Directs the DPH to apply for all grant funding received through Title X of the federal Public Health Services Act. Directs awards for funding to be distributed based on a prioritized schedule of applicants.

99 29 1. The department of public health shall annually apply
 99 30 to the United States department of health and human services
 99 31 for grant funding under Tit.X of the federal Public Health
 99 32 Services Act, 42 U.S.C.§300 et seq. The department shall
 99 33 distribute all grant funding received to applicants in the
 99 34 following order of priority:

99 35 a. Public entities that provide family planning services
 100 1 including state, county, or local community health clinics,
 100 2 federally qualified health centers, and community action
 100 3 organizations.

100 4 b. Nonpublic entities that, in addition to family planning
 100 5 services, provide required primary health services as described
 100 6 in 42 U.S.C.§254b(b)(1)(A).

100 7 c. Nonpublic entities that provide family planning
 100 8 services but do not provide required primary health services as
 100 9 described in 42 U.S.C.§254b(b)(1)(A).

100 10 2. Distribution of funds under this section shall be made in
 100 11 a manner that continues access to family planning services.

Requires funds to be distributed in a manner that continues access to family planning services.

100 12 3. a. (1) Distribution of funds under this section shall
 100 13 not be made to any entity that performs abortions, promotes
 100 14 abortions, maintains or operates a facility where abortions are
 100 15 performed or promoted, contracts or subcontracts with an entity
 100 16 that performs or promotes abortions, becomes or continues to be
 100 17 an affiliate of any entity that performs or promotes abortions,
 100 18 or regularly makes referrals to an entity that provides or
 100 19 promotes abortions or maintains or operates a facility where
 100 20 abortions are performed. However, the prohibition specified
 100 21 in this subparagraph (1) shall not be interpreted to include
 100 22 a nonpublic entity that is a distinct location of a nonprofit
 100 23 health care delivery system, if the distinct location provides
 100 24 family planning services but does not perform abortions
 100 25 or maintain or operate as a facility where abortions are

Specifies that funds cannot be distributed to entities that perform or promote abortions.

100 26 performed.

100 27 (2) The department of public health shall adopt rules
100 28 pursuant to chapter 17A to require that as a condition of
100 29 eligibility as an applicant under this section, each distinct
100 30 location of a nonprofit health care delivery system shall be
100 31 assigned a distinct provider identification number and complete
100 32 an attestation that abortions are not performed at the distinct
100 33 location.

Requires the DPH to adopt rules related to program eligibility criteria.

100 34 b. For the purposes of this section, "nonprofit health
100 35 care delivery system" means an Iowa nonprofit corporation
101 1 that controls, directly or indirectly, a regional health
101 2 care network consisting of hospital facilities and various
101 3 ambulatory and clinic locations that provide a range of
101 4 primary, secondary, and tertiary inpatient, outpatient, and
101 5 physician services.

Specifies the definition of nonprofit health care delivery system.

101 6 c. For the purposes of this section, "abortion" does not
101 7 include any of the following:

Specifies what does not constitute an abortion.

101 8 (1) The treatment of a woman for a physical disorder,
101 9 physical injury, or physical illness, including a
101 10 life-endangering physical condition caused by or arising from
101 11 the pregnancy itself, that would, as certified by a physician,
101 12 place the woman in danger of death.
101 13 (2) The treatment of a woman for a spontaneous abortion,
101 14 commonly known as a miscarriage, when not all of the products
101 15 of human conception are expelled.

101 16 4. Funds distributed in accordance with this section shall
101 17 not be used for direct or indirect costs, including but not
101 18 limited to administrative costs or expenses, overhead, employee
101 19 salaries, rent, and telephone and other utility costs, related
101 20 to providing or promoting abortions as specified in this
101 21 section.

Prohibits use of funds for direct or indirect costs related to providing or promoting abortions.

101 22 5. The department of public health shall submit a report to
101 23 the governor and the general assembly, annually by January 1,
101 24 listing any entities that received funds pursuant to subsection
101 25 1, paragraph "c", and the amount and type of funds received by
101 26 such entities during the preceding calendar year. The report
101 27 shall provide a detailed explanation of how the department
101 28 determined that distribution of funds to such an entity,
101 29 instead of to an entity described in subsection 1, paragraph
101 30 "a" or "b", was necessary to prevent severe limitation or
101 31 elimination of access to family planning services in the region
101 32 of the state where the entity is located.

Requires the DPH to submit a report to the Governor and General Assembly listing entities that received funding.

101 33 Sec. 99. ADMINISTRATION OF PERSONAL RESPONSIBILITY
 101 34 EDUCATION PROGRAM AND SEXUAL RISK AVOIDANCE EDUCATION GRANT
 101 35 PROGRAM FUNDS.

Prohibits the DPH from contracting for the Personal Responsibility Education Program with an entity that facilitate abortions.

102 1 1. Any contract entered into on or after July 1, 2019, by
 102 2 the department of public health to administer the personal
 102 3 responsibility education program as specified in 42 U.S.C.
 102 4 §713 or to administer the sexual risk avoidance education
 102 5 grant program authorized pursuant to section 510 of Tit.
 102 6 V of the federal Social Security Act, 42 U.S.C. §710, as
 102 7 amended by section 50502 of the federal Bipartisan Budget
 102 8 Act of 2018, Pub.L. No.115-123, and as further amended by
 102 9 division S, Title VII, section 701 of the federal Consolidated
 102 10 Appropriations Act of 2018, Pub.L. No.115-141, shall exclude
 102 11 as an eligible applicant, any applicant entity that performs
 102 12 abortions, promotes abortions, maintains or operates a
 102 13 facility where abortions are performed or promoted, contracts
 102 14 or subcontracts with an entity that performs or promotes
 102 15 abortions, becomes or continues to be an affiliate of any
 102 16 entity that performs or promotes abortions, or regularly makes
 102 17 referrals to an entity that provides or promotes abortions or
 102 18 maintains or operates a facility where abortions are performed.
 102 19 However, the prohibition specified in this section shall not be
 102 20 interpreted to include a nonpublic entity that is a distinct
 102 21 location of a nonprofit health care delivery system, if the
 102 22 distinct location provides personal responsibility education
 102 23 program or sexual risk avoidance education grant program
 102 24 services but does not perform abortions or maintain or operate
 102 25 as a facility where abortions are performed.

102 26 2. The department of public health shall adopt rules
 102 27 pursuant to chapter 17A to require that as a condition of
 102 28 eligibility as an applicant, grantee, grantee contractor,
 102 29 or grantee subcontractor under the personal responsibility
 102 30 education program or sexual risk avoidance education grant
 102 31 program, each distinct location of a nonprofit health care
 102 32 delivery system shall be assigned a distinct identification
 102 33 number and complete an attestation that abortions are not
 102 34 performed at the distinct location.

Requires the DPH to adopt rules related to program eligibility criteria.

102 35 3. For the purposes of this section, "nonprofit health
 103 1 care delivery system" means an Iowa nonprofit corporation
 103 2 that controls, directly or indirectly, a regional health
 103 3 care network consisting of hospital facilities and various
 103 4 ambulatory and clinic locations that provide a range of
 103 5 primary, secondary, and tertiary inpatient, outpatient, and
 103 6 physician services.

Specifies the definition of nonprofit health care delivery system.

103 7 4. For the purposes of this section, "abortion" does not

Specifies what does not constitute an abortion.

103 8 include any of the following:
103 9 a. The treatment of a woman for a physical disorder,
103 10 physical injury, or physical illness, including a
103 11 life-endangering physical condition caused by or arising from
103 12 the pregnancy itself, that would, as certified by a physician,
103 13 place the woman in danger of death.
103 14 b. The treatment of a woman for a spontaneous abortion,
103 15 commonly known as a miscarriage, when not all of the products
103 16 of human conception are expelled.

103 17 Sec. 100. AWARD OF COMMUNITY ADOLESCENT PREGNANCY
103 18 PREVENTION AND SERVICES PROGRAM GRANT FUNDS.

Prohibits funds for the Community Adolescent Pregnancy Program from being awarded to entities that facilitate abortions.

103 19 1. Any contract entered into on or after July 1, 2019,
103 20 by the department of human services to award a community
103 21 adolescent pregnancy prevention and services program grant
103 22 using federal temporary assistance for needy families block
103 23 grant funds appropriated to the department shall exclude
103 24 from eligibility any applicant, grantee, grantee contractor,
103 25 or grantee subcontractor that performs abortions, promotes
103 26 abortions, maintains or operates a facility where abortions are
103 27 performed or promoted, contracts or subcontracts with an entity
103 28 that performs or promotes abortions, becomes or continues to be
103 29 an affiliate of any entity that performs or promotes abortions,
103 30 or regularly makes referrals to an entity that provides or
103 31 promotes abortions or maintains or operates a facility where
103 32 abortions are performed.

103 33 2. The eligibility exclusion specified in subsection 1
103 34 shall not be interpreted to include a nonpublic entity that
103 35 is a distinct location of a nonprofit health care delivery
104 1 system, if the distinct location provides community adolescent
104 2 pregnancy prevention program services but does not perform
104 3 abortions or maintain or operate as a facility where abortions
104 4 are performed.

Specifies that the exclusion above does not include a distinct location of a nonprofit health care delivery system that does not perform or maintain a facility for abortions.

104 5 3. The department of human services shall adopt rules
104 6 pursuant to chapter 17A to require that as a condition of
104 7 eligibility as an applicant, grantee, grantee contractor,
104 8 or grantee subcontractor under the adolescent pregnancy
104 9 prevention and services program, each distinct location of
104 10 a nonprofit health care delivery system shall be assigned a
104 11 distinct identification number and complete an attestation that
104 12 abortions are not performed at the distinct location.

Requires DHS to adopt rules related to the program eligibility criteria.

104 13 4. For the purposes of this section, "nonprofit health
104 14 care delivery system" means an Iowa nonprofit corporation
104 15 that controls, directly or indirectly, a regional health
104 16 care network consisting of hospital facilities and various

Specifies the definition of nonprofit health care delivery system.

104 17 ambulatory and clinic locations that provide a range of
 104 18 primary, secondary, and tertiary inpatient, outpatient, and
 104 19 physician services.

104 20 5. For the purposes of this section, "abortion" does not
 104 21 include any of the following:
 104 22 a. The treatment of a woman for a physical disorder,
 104 23 physical injury, or physical illness, including a
 104 24 life-endangering physical condition caused by or arising from
 104 25 the pregnancy itself, that would, as certified by a physician,
 104 26 place the woman in danger of death.
 104 27 b. The treatment of a woman for a spontaneous abortion,
 104 28 commonly known as a miscarriage, when not all of the products
 104 29 of human conception are expelled.

Specifies what does not constitute an abortion.

104 30 Sec. 101. SEVERABILITY. If any provision of this division
 104 31 of this Act or the application of this division of this Act to
 104 32 any person or circumstances is held invalid, the invalidity
 104 33 shall not affect other provisions or applications of this
 104 34 division of this Act which can be given effect without the
 104 35 invalid provisions or application and, to this end, the
 105 1 provisions of this division of this Act are severable.

Specifies that the provisions of Division XXIII are severable.

105 2 Sec. 102. EFFECTIVE DATE. This division of this Act, being
 105 3 deemed of immediate importance, takes effect upon enactment.

Specifies the provision related to sexual education programs and family planning services is effective upon enactment.

105 4 DIVISION XXIV
 105 5 NON-STATE GOVERNMENT-OWNED NURSING FACILITY QUALITY OF CARE
 105 6 RATE ADD-ON PROGRAM

105 7 Sec. 103. Section 249L.2, subsections 7 and 8, Code 2019,
 105 8 are amended to read as follows:

105 9 7. "Non-state government-owned nursing facility" means a
 105 10 nursing facility that is owned or operated by a non-state
 105 11 governmental entity and for which a non-state governmental
 105 12 entity holds the nursing facility's license and is party to the
 105 13 nursing facility's Medicaid contract.

105 14 8. "Nursing facility" means a licensed nursing facility as
 105 15 defined in section 135C.1 that is a freestanding facility or
 105 16 a nursing facility operated by a hospital licensed pursuant
 105 17 to chapter 135B, but does not include a distinct-part skilled
 105 18 nursing unit or a swing-bed unit operated by a hospital, or
 105 19 a nursing facility owned by the state or federal government
 105 20 or other governmental unit. "Nursing facility" includes a
 105 21 non-state government-owned nursing facility if the nursing
 105 22 facility participates in the non-state government-owned nursing
 105 23 facility ~~upper payment limit alternative payment~~ quality of
 105 24 care rate add-on program.

CODE: Amends the definitions of "non-State government-owned (NSGO) nursing facility" and "nursing facility" under the Iowa Code chapter relating to the Nursing Facility Quality Assessment Program.

105 25 Sec. 104. NON-STATE GOVERNMENT-OWNED NURSING FACILITY
105 26 QUALITY OF CARE RATE ADD-ON PROGRAM.

Provides definitions for a NSGO Nursing Facility Quality of Care Rate Add-on Program.

105 27 1. As used in this section, unless the context otherwise
105 28 requires:

105 29 a. "Department" means the department of human services.

105 30 b. "Intergovernmental transfer" means a transfer of
105 31 state share funds from a non-state governmental entity to the
105 32 department of human services.

105 33 c. "Non-state governmental entity" or "NSGE" means a
105 34 hospital authority, hospital district, health care district,
105 35 city, or county.

106 1 d. "Non-state government-owned nursing facility" or "NSGO
106 2 nursing facility" means a nursing facility that is owned or
106 3 operated by a non-state governmental entity and for which a
106 4 non-state governmental entity holds the nursing facility's
106 5 license and is party to the nursing facility's Medicaid
106 6 contract.

106 7 e. "Program" means the non-state government-owned nursing
106 8 facility quality of care rate add-on program described in this
106 9 section.

106 10 f. "Quality of care rate add-on calculation period" means
106 11 the fiscal year for which quality of care rate add-on amounts
106 12 are calculated based on adjudicated claims for days of service
106 13 provided.

106 14 g. "Upper payment limit" means a reasonable estimate of
106 15 the amount that would be paid for the services furnished by a
106 16 facility under Medicare payment principles.

106 17 2. The department of human services shall submit to the
106 18 centers for Medicare and Medicaid services of the United States
106 19 department of health and human services (CMS), a Medicaid state
106 20 plan amendment to allow a qualifying NSGE to receive a quality
106 21 of care rate add-on in accordance with the upper payment limit
106 22 requirements pursuant to 42 C.F.R.§447.272 and managed care
106 23 requirements pursuant to 42 C.F.R.§438.6.

Requires the DHS to submit a State Plan Amendment to the Centers for Medicare and Medicaid Services (CMS) to allow qualifying non-state owned nursing facilities to receive a quality of care rate add-on in accordance with upper payment limit requirements and managed care requirements.

106 24 3. The Medicaid state plan amendment submitted shall
106 25 provide for all of the following:

Specifies the following:

106 26 a. PURPOSE. The NSGO nursing facility quality of care rate
106 27 add-on shall be made to a qualified NSGE to promote, maintain,
106 28 and improve resident quality of care and health outcomes.

106 29 b. NON-STATE GOVERNMENT-OWNED NURSING FACILITY
106 30 QUALIFICATIONS. An NSGO nursing facility shall qualify for
106 31 participation in the program if all of the following conditions
106 32 are met:

106 33 (1) The NSGE for the NSGO nursing facility has executed a
106 34 participation agreement with the department.

- The purpose of the NSGO nursing facility quality of care rate add-on is to promote, maintain, and improve resident quality of care and health outcomes.
- The qualifications for participation in the NSGO Nursing Facility Quality of Care Rate Add-on Program.
- The conditions that must be met for participation in the NSGO Nursing Facility Quality of Care Rate Add-on Program.
- The care criteria requirements for a NSGO nursing facility.
- That the nursing facility quality of care rate add-on provided

106 35 (2) The NSGE for the NSGO nursing facility has provided
107 1 proof that the entity holds the NSGO nursing facility's license
107 2 and has complete operational responsibility for the NSGO
107 3 nursing facility.
107 4 (3) The NSGE for the NSGO nursing facility has filed a
107 5 certification of eligibility application for the quality of
107 6 care rate add-on program with the department and has received
107 7 approval from the department for participation in the program.
107 8 (4) The NSGO nursing facility is an active participant
107 9 in established Medicaid managed care value-based purchasing
107 10 programs and initiatives in the state.
107 11 (5) The NSGO nursing facility and the NSGE for the
107 12 NSGO nursing facility are in compliance with care criteria
107 13 requirements.
107 14 c. NSGE PARTICIPATION REQUIREMENTS. An NSGE shall qualify
107 15 for participation in the program if all of the following
107 16 conditions are met:
107 17 (1) The NSGE has executed a nursing facility provider
107 18 contract with an NSGO nursing facility.
107 19 (2) The NSGE has provided, and identified the source of,
107 20 state share dollars for the intergovernmental transfer.
107 21 (3) The NSGE has provided proof of ownership, if applicable,
107 22 as the licensed operator of the NSGO nursing facility.
107 23 (4) The NSGE has provided, to the department, an executed
107 24 management agreement between the NSGE and the NSGO nursing
107 25 facility manager.
107 26 d. CARE CRITERIA REQUIREMENTS. A participating NSGO
107 27 nursing facility shall comply with all of the following care
107 28 criteria quality metrics, shall adhere to all of the following
107 29 performance measures to improve the quality of care delivered
107 30 to residents and to improve efficiency and care avoidance costs
107 31 for the overall Medicaid program, and shall do all of the
107 32 following:
107 33 (1) Develop a written action plan that includes
107 34 satisfaction survey results, an analysis of the satisfaction
107 35 survey results with identification of areas in need of
108 1 improvement, and a process for addressing areas in need of
108 2 improvement.
108 3 (2) Develop and implement, within six months of
108 4 commencement of participation in the program, a written plan
108 5 for the mitigation of unnecessary inpatient admissions within
108 6 30 days of a nursing facility discharge. The written plan
108 7 shall include or address all of the following:
108 8 (a) The inpatient admission management tool which
108 9 identifies those residents at high risk for the potential
108 10 return to acute care.
108 11 (b) The tools to support effective communications.

- under the Program is not to exceed Medicare payment principles and is to be calculated based on federal law.
- Requirements regarding change of ownership of a nursing facility participating in the NSGO Nursing Facility Quality of Care Rate Add-on Program.
 - NSGO nursing facilities participating in the Program secure allowable intergovernmental transfer funds from a participating Non-State governmental entity to provide the State share amount.
 - The process for compliance with intergovernmental transfers.

108 12 (c) Advance directive planning and implementation.
108 13 (d) Application of a quality assurance and program
108 14 integrity methodology to provide a root cause analysis and
108 15 identify teaching needs.
108 16 (3) Develop and implement a written plan providing for a
108 17 proactive pneumonia and influenza vaccination program which
108 18 shall improve vaccination scores above the national average,
108 19 as measured using CMS quality metrics. The written plan shall
108 20 include all of the following:
108 21 (a) The latest available three-quarter average of both the
108 22 CMS measure for the percent of long-stay residents assessed and
108 23 appropriately given the seasonal influenza vaccine and of the
108 24 CMS measure for the percentage of long-stay residents assessed
108 25 and appropriately given the pneumococcal vaccine, to establish
108 26 a baseline.
108 27 (b) The current measure code score for the CMS measures
108 28 described in subparagraph division (a).
108 29 (c) A written plan for an influenza and pneumonia
108 30 vaccination program to address new admissions and current
108 31 residents.
108 32 (4) Elevate healthy aging in the state by implementing
108 33 a plan that accomplishes at least one of the following
108 34 strategies:
108 35 (a) Prevention and reduction of falls.
109 1 (b) Improved nutrition.
109 2 (c) Increased physical activity.
109 3 (d) Reduction in the incidence of depression.
109 4 (5) Demonstrate improvement above the facility-specific
109 5 baseline in the CMS five-star quality measures composite
109 6 scoring. Metrics shall be determined based upon the CMS
109 7 nursing home compare composite score over the preceding
109 8 twelve-month period.
109 9 (a) A participating NSGO nursing facility shall provide the
109 10 most recent three-quarter average of the CMS quality measure
109 11 star rating to establish a baseline.
109 12 (b) A participating NSGO nursing facility shall have a star
109 13 rating of three or better or must demonstrate improvement over
109 14 the previous quarter with no two quarters below three stars to
109 15 participate in the program.
109 16 (c) A participating NSGO nursing facility with a quality
109 17 measure star rating of three or better for the most recent
109 18 quarter or that demonstrates improvement in composite scoring
109 19 with no two quarters consistently below a three-star rating,
109 20 shall be deemed to have met the care criteria.
109 21 e. Quality of care rate add-on.
109 22 (1) The nursing facility quality of care rate add-on
109 23 provided to a participating NSGE under the program shall not
109 24 exceed Medicare payment principles pursuant to 42 C.F.R.

109 25 §447.272 and shall be calculated pursuant to 42 C.F.R.§438.6.
109 26 The quality of care rate add-on shall be calculated and paid
109 27 as follows:
109 28 (a) The methodology utilized to calculate the upper
109 29 payment limit shall be based on the data available during the
109 30 calculation period.
109 31 (b) The eligible amount used in determining the quality
109 32 of care rate add-on shall be the difference between the state
109 33 Medicaid payment and the Medicare upper payment limit as
109 34 determined, based on compliance with the care criteria metrics,
109 35 on an annual basis.
110 1 (c) The difference calculated under subparagraph division
110 2 (b) shall be divided by total patient days as determined under
110 3 subparagraph division (b).
110 4 (d) The quality of care rate add-on shall be paid
110 5 prospectively.
110 6 (2) The amount of the quality of care rate add-on shall
110 7 be associated with improvement in care of Medicaid nursing
110 8 facility residents in the state as demonstrated through the
110 9 specified care criteria. A participating NSGE shall receive
110 10 payment under the program based on earned percentages related
110 11 to the care criteria. A participating NSGE shall meet or
110 12 exceed at least two of the five established care criteria
110 13 metrics to be eligible for the rate add-on payment for each
110 14 quarter. After at least two of the five metrics have been met,
110 15 the participating NSGE shall be eligible for seventy percent
110 16 of the total eligible quality of care rate add-on amount for a
110 17 participating NSGO nursing facility. The participating NSGE
110 18 may qualify for the remaining thirty percent of the total
110 19 eligible quality of care rate add-on amount, by attribution
110 20 in ten percent increments, for each additional care criterion
110 21 that is met up to the full one hundred percent of the eligible
110 22 quality of care rate add-on amount.
110 23 f. Change of ownership.
110 24 (1) A participating NSGO nursing facility shall notify
110 25 the department of any change of ownership that may affect the
110 26 participating NSGO nursing facility's continued eligibility for
110 27 the program, within thirty days after such change.
110 28 (2) If a participating NSGO nursing facility changes
110 29 ownership on or after the first day of the quality of care
110 30 rate add-on calculation period, the data used for calculations
110 31 shall include data from the participating NSGO nursing facility
110 32 for the entire quality of care rate add-on calculation period
110 33 relating to payments for days of service provided under the
110 34 prior owner, prorated to reflect only the number of calendar
110 35 days during the calculation period that the participating NSGO
111 1 nursing facility is owned by the new owner.
111 2 g. Payment to participating NSGO nursing facilities. A

111 3 participating NSGO nursing facility shall secure allowable
111 4 intergovernmental transfer funds from a participating NSGE
111 5 to provide the state share amount. The process for the
111 6 intergovernmental transfer shall comply with the following:
111 7 (1) The department, or the department's designee, shall
111 8 notify the participating NSGE of the state share amount to be
111 9 transferred in the form of an intergovernmental transfer for
111 10 purposes of seeking federal financial participation for the
111 11 rate add-on payment, within twenty-five business days after
111 12 the end of a quarter. The amount shall reflect the percentage
111 13 of metrics achieved under the care criteria requirement. The
111 14 participating NSGE shall have five business days from the
111 15 date of receipt of the departmental notification to sign the
111 16 participation agreement and remit payment of the state share
111 17 amount in the form of an intergovernmental transfer to the
111 18 department or the department's designee.
111 19 (2) If the total intergovernmental transfer amount is
111 20 received by the department or the department's designee within
111 21 the five business days as specified, the quality of care rate
111 22 add-on shall be included in the current quarter per diem rate
111 23 calculation for the participating NSGO nursing facility.
111 24 h. Penalties and adjustments. Failure by a participating
111 25 NSGE to remit the full intergovernmental transfer amount or
111 26 the correct amount as indicated by the department or the
111 27 department's designee within the following defined time frames
111 28 indicates the participating NSGE has voluntarily elected to
111 29 withdraw from program participation for that current quarter
111 30 and must reapply for participation in the program in any
111 31 subsequent quarter. All of the following shall apply when
111 32 determining the application of penalties and adjustments:
111 33 (1) The total amount of the intergovernmental transfer
111 34 must be received from the participating NSGE by the department
111 35 or the department's designee within five business days from
112 1 receipt by the participating NSGE of notification from the
112 2 department or the department's designee of the state share
112 3 amount.
112 4 (a) Receipt of the total intergovernmental transfer amount
112 5 by the department or the department's designee within five
112 6 business days is not subject to penalty.
112 7 (b) The date of receipt of notification of the state
112 8 share amount by the participating NSGE from the department or
112 9 the department's designee is the official reference date in
112 10 measuring the commencement of the five business days.
112 11 (2) Any intergovernmental transfer amount received by
112 12 the department or the department's designee after the fifth
112 13 business day as specified, but with a date stamp or mailing
112 14 postal mark indicating a date on or prior to five business
112 15 days from the date of notification by the department or the

112 16 department's designee of the state share amount, shall not be
112 17 subject to penalty.

112 18 (3) (a) Any intergovernmental transfer amount received by
112 19 the department or the department's designee after the fifth
112 20 business day as specified, but with a date stamp or postal mark
112 21 indicating a date after five business days but not exceeding
112 22 eight business days from the date of notification by the
112 23 department or the department's designee of the state share
112 24 amount, shall be deemed late and the participating NSGE shall
112 25 receive the quality of care rate add-on, including an assessed
112 26 penalty of five percent, based on the total intergovernmental
112 27 transfer payments received during the late period. The five
112 28 percent penalty shall be applied to the quality of care rate
112 29 add-on for the quarter in which the intergovernmental transfer
112 30 amount is late.

112 31 (b) The department shall notify the participating NSGE of
112 32 the assessed penalty in writing. If the participating NSGE
112 33 fails to pay the department or the department's designee the
112 34 assessed penalty within the time frame noted on the written
112 35 notice to the participating NSGE, the assessed penalty shall be
113 1 deducted in accordance with the state Medicaid fee-for-service
113 2 recoupment process. The penalty shall be paid regardless
113 3 of any appeal requested by the participating NSGE. If an
113 4 appeal results in a decision to disallow a portion of or the
113 5 entire assessed penalty, reimbursement to the participating
113 6 NSGE shall be made as part of future Medicaid payments to the
113 7 participating NSGO nursing facility.

113 8 (4) If a participating NSGO nursing facility fails to
113 9 achieve, at a minimum, two of the required care criteria
113 10 metrics for two consecutive quarters, the participating NSGO
113 11 nursing facility shall be suspended from participation in the
113 12 program for two subsequent quarters. An NSGO nursing facility
113 13 that has been suspended for a total of four quarters within a
113 14 two-year period due to noncompliance with the required care
113 15 criteria shall be terminated from the program, and shall be
113 16 required to reapply for approval to participate at a subsequent
113 17 time. Readmittance into the program is at the sole discretion
113 18 of the department, taking into consideration input from
113 19 stakeholders. If the NSGO nursing facility is subsequently
113 20 readmitted to the program, terms of participation may include a
113 21 probationary period with defined requirements related to care.

113 22 4. The quality of care rate add-on shall only be implemented
113 23 upon receipt by the department of approval of the Medicaid
113 24 state plan amendment by CMS, and if such approval is received,
113 25 the rate add-on is applicable no earlier than the first day
113 26 of the calendar quarter following the date of receipt of such
113 27 approval.

Specifies the quality of care rate add-on is only to be implemented upon approval by CMS, and if approval is received, the rate add-on is applicable no earlier than the first day of the calendar quarter following the approval.

113 28 Sec. 105. REPEAL. 2016 Iowa Acts, chapter 1139, sections
113 29 80, 81, 82, 83, and 84, are repealed.

CODE: Repeals previous efforts to apply for a similar Program.

113 30 Sec. 106. REPEAL. 2017 Iowa Acts, chapter 174, sections
113 31 113, 114, 115, and 116, are repealed.

113 32 Sec. 107. EFFECTIVE UPON ENACTMENT. This division of this
113 33 Act, being deemed of immediate importance, takes effect upon
113 34 enactment.

Specifies the provisions relating to the NSGO Nursing Facility Quality of Care Rate Add-on Program are effective upon enactment.

113 35 Sec. 108. IMPLEMENTATION PROVISIONS.

114 1 1. The section of this division of this Act directing the
114 2 department of human services to submit a Medicaid state plan
114 3 amendment to CMS shall be implemented as soon as possible
114 4 following enactment, consistent with all applicable federal
114 5 requirements.

Specifies the provision directing the DHS to submit a Medicaid State Plan Amendment to CMS is to be implemented as soon as possible following enactment and the Iowa Code section redefining "NSGO nursing facility" and "nursing facility" under the Nursing Facility Quality Assessment Program is effective on the first day of the calendar quarter following the approval by CMS.

114 6 2. The section of this division of this Act amending
114 7 section 249L.2, shall only be implemented upon receipt by
114 8 the department of human services of approval of the Medicaid
114 9 state plan amendment by CMS, and if such approval is received,
114 10 is applicable no earlier than the first day of the calendar
114 11 quarter following the date of receipt of such approval.

114 12 DIVISION XXV
114 13 PREPARATION FOR ADULT LIVING PROGRAM

114 14 Sec. 109. Section 234.46, subsection 1, paragraph b, Code
114 15 2019, is amended to read as follows:

CODE: Extends the eligibility for the PAL Program to ages 21 and 22.

114 16 b. The person is age eighteen, nineteen, ~~or twenty.~~
114 17 twenty-one, or twenty-two.

114 18 DIVISION XXVI
114 19 CHILDREN'S BEHAVIORAL HEALTH SYSTEM STATE BOARD

114 20 Sec. 110. Section 225C.51, if enacted by 2019 Iowa Acts,
114 21 House File 690, section 8, is amended to read as follows:

114 22 SEC. 8. NEW SECTION 225C.51 CHILDREN'S BEHAVIORAL HEALTH
114 23 SYSTEM STATE BOARD.

CODE: Technical correction to the Children's Behavioral Health System State Board created in [HF 690](#) (Children's Behavioral Health System Act).

114 24 1. A children's behavioral health system state board
114 25 is created as the state body to provide guidance on the
114 26 implementation and management of a children's behavioral health
114 27 system for the provision of services to children with a serious
114 28 emotional disturbance. ~~The state board's public voting members~~
114 29 ~~shall be appointed to four-year staggered terms by the governor~~
114 30 ~~and are subject to confirmation by the senate. All other~~
114 31 ~~state board voting members shall be appointed to four-year~~
114 32 ~~staggered terms and are not subject to confirmation by the~~
114 33 ~~senate.~~ State board members shall be appointed on the basis of
114 34 interest and experience in the fields of children's behavioral

114 35 health to ensure adequate representation from persons with life
115 1 experiences and from persons knowledgeable about children's
115 2 behavioral health services. The department shall provide
115 3 support to the state board, and the board may utilize staff
115 4 support and other assistance provided to the state board by
115 5 other persons. The state board shall meet at least four times
115 6 per year. The membership of the state board shall consist of
115 7 the following persons ~~who, at the time of appointment to the~~
115 8 ~~state board, are active members of the indicated groups:~~
115 9 a. The director of the department of human services or the
115 10 director's designee.
115 11 b. The director of the department of education or the
115 12 director's designee.
115 13 c. The director of the department of public health or the
115 14 director's designee.
115 15 d. The director of workforce development or the director's
115 16 designee.
115 17 e. A member of the mental health and disability services
115 18 commission.
115 19 ~~e. f. Members appointed by the governor who are active~~
115 20 ~~members of each of the indicated groups:~~
115 21 (1) One member shall be selected from nominees submitted by
115 22 the state court administrator.
115 23 ~~f. (2)~~ One member shall be selected from nominees submitted
115 24 by the early childhood Iowa office in the department of
115 25 management.
115 26 ~~g. One member shall be a member of the mental health and~~
115 27 ~~disability services commission.~~
115 28 ~~h. (3)~~ One member shall be a board member or an employee of
115 29 a provider of mental health services to children.
115 30 ~~i. (4)~~ One member shall be a board member or an employee of
115 31 a provider of child welfare services.
115 32 ~~j. (5)~~ One member shall be an administrator of an area
115 33 education agency.
115 34 ~~k. (6)~~ One member shall be an educator, counselor, or
115 35 administrator of a school district.
116 1 ~~l. (7)~~ One member shall be a representative of an
116 2 established advocacy organization whose mission or purpose it
116 3 is, in part, to further goals related to children's mental
116 4 health.
116 5 ~~m. (8)~~ One member shall be a parent or guardian of a child
116 6 currently utilizing or who has utilized behavioral health
116 7 services.
116 8 ~~n. (9)~~ One member shall be a sheriff.
116 9 ~~o. (10)~~ One member shall be a pediatrician.
116 10 ~~p. (11)~~ One member shall be a representative from a health
116 11 care system.
116 12 ~~q. (12)~~ One member shall be a chief executive officer of a

116 13 mental health and disability services region.
 116 14 ~~—f. f.~~ In addition to the voting members, the membership
 116 15 shall include four members of the general assembly with one
 116 16 member designated by each of the following: the majority
 116 17 leader of the senate, the minority leader of the senate, the
 116 18 speaker of the house of representatives, and the minority
 116 19 leader of the house of representatives. A legislative member
 116 20 serves for a term as provided in section 69.16B in a nonvoting,
 116 21 ex officio capacity and is not eligible for per diem and
 116 22 expenses as provided in section 2.10.
 116 23 2. Members appointed by the governor shall serve four-year
 116 24 staggered terms and are subject to confirmation by the senate.
 116 25 The four-year terms shall begin and end as provided in section
 116 26 69.19. Vacancies on the state board shall be filled as
 116 27 provided in section 2.32. A member shall not be appointed for
 116 28 more than two consecutive four-year terms.
 116 29 3. The director of the department of human services and the
 116 30 director of the department of education, or their designees,
 116 31 shall serve as co-chairpersons of the state board. Board
 116 32 members shall not be entitled to a per diem as specified in
 116 33 section 7E.6 and shall not be entitled to actual and necessary
 116 34 expenses incurred while engaged in their official duties.

116 35 DIVISION XXVII
 117 1 PRIOR YEAR CARRYFORWARD PROVISIONS

117 2 FAMILY INVESTMENT PROGRAM GENERAL FUND ACCOUNT
 117 3 Sec. 111. 2017 Iowa Acts, chapter 174, section 47, is
 117 4 amended by adding the following new subsection:
 117 5 NEW SUBSECTION 7. Notwithstanding section 8.33, moneys
 117 6 appropriated in this section that remain unencumbered or
 117 7 unobligated at the close of the fiscal year shall not revert
 117 8 but shall remain available for expenditure for the purposes
 117 9 designated, and may be transferred to the appropriations made
 117 10 in this division of this Act for general administration and
 117 11 field operations for technology needs including the eligibility
 117 12 integrated applications solutions (ELIAS) project, or may be
 117 13 transferred to the appropriations made in this division of this
 117 14 Act for the juvenile institution, the mental health institutes,
 117 15 or the state resource centers, to be used for the purposes of
 117 16 those appropriations, until the close of the succeeding fiscal
 117 17 year.

117 18 STATE RESOURCE CENTERS
 117 19 Sec. 112. 2017 Iowa Acts, chapter 174, section 63, is
 117 20 amended by adding the following new subsection:
 117 21 NEW SUBSECTION 6. Notwithstanding section 8.33, and
 117 22 notwithstanding the amount limitation specified in section

CODE: Permits nonreversion of funds appropriated in FY 2019 for the Family Investment Program, to be spent in any of the following ways:

- Transferred to the General Administration and Field Operations appropriations for technology needs.
- Transferred to the juvenile institution, MHIs, or State resource centers.
- Retained and used for the purposes of the original appropriation.

CODE: Permits nonreversion of funds appropriated in FY 2019 for the State resource centers, to be spent in any of the following ways:

- Used for year-end purchases and technology needs.
- Transferred to the juvenile institution or MHIs.

117 23 222.92, moneys appropriated in this section that remain
 117 24 unencumbered or unobligated at the close of the fiscal year
 117 25 shall not revert but shall remain available for expenditure
 117 26 for the purposes designated, including year-end purchases and
 117 27 technology needs, and may be transferred to the appropriations
 117 28 made in this division of this Act for the juvenile institution
 117 29 or the mental health institutes, to be used for the purposes of
 117 30 those appropriations, until the close of the succeeding fiscal
 117 31 year.

- Retained and used for the purposes of the original appropriation.

117 32 FIELD OPERATIONS
 117 33 Sec. 113. 2017 Iowa Acts, chapter 174, section 65, as
 117 34 amended by 2018 Iowa Acts, chapter 1165, section 35, is amended
 117 35 to read as follows:
 118 1 SEC. 65. FIELD OPERATIONS. There is appropriated from the
 118 2 general fund of the state to the department of human services
 118 3 for the fiscal year beginning July 1, 2018, and ending June 30,
 118 4 2019, the following amount, or so much thereof as is necessary,
 118 5 to be used for the purposes designated:
 118 6 For field operations, including salaries, support,
 118 7 maintenance, and miscellaneous purposes, and for not more than
 118 8 the following full-time equivalent positions:
 118 9 \$ 49,074,517
 118 10 FTEs 1,539.00
 118 11 Priority in filling full-time equivalent positions shall be
 118 12 given to those positions related to child protection services
 118 13 and eligibility determination for low-income families.

CODE: Amends the FY 2019 Health and Human Services Appropriations Act. See the underlined subsections below for changes.

118 14 Notwithstanding section 8.33, moneys appropriated in
 118 15 this section that remain unencumbered or unobligated at the
 118 16 close of the fiscal year shall not revert but shall remain
 118 17 available for expenditure for the purposes designated,
 118 18 including for technology needs, personal computer replacements,
 118 19 and accelerated hiring, and may be transferred to the
 118 20 appropriations made in this division of this Act for the
 118 21 juvenile institution, the mental health institutes, or the
 118 22 state resource centers, to be used for the purposes of those
 118 23 appropriations, until the close of the succeeding fiscal year.

CODE: Permits nonreversion of funds appropriated in FY 2019 for Field Operations, to be spent in any of the following ways:

- Used for technology needs, personal computer replacements, or accelerated hiring.
- Transferred to the juvenile institution, MHIs, or State resource centers.
- Retained and used for the purposes of the original appropriation.

118 24 GENERAL ADMINISTRATION
 118 25 Sec. 114. 2017 Iowa Acts, chapter 174, section 66, as
 118 26 amended by 2018 Iowa Acts, chapter 1165, section 36, is amended
 118 27 to read as follows:
 118 28 SEC. 66. GENERAL ADMINISTRATION.
 118 29 1. There is appropriated from the general fund of the
 118 30 state to the department of human services for the fiscal year
 118 31 beginning July 1, 2018, and ending June 30, 2019, the following
 118 32 amount, or so much thereof as is necessary, to be used for the

CODE: Amends the FY 2019 Health and Human Services Appropriations Act. See the underlined subsections below for changes.

118 33 purpose designated:

118 34 For general administration, including salaries, support,

118 35 maintenance, and miscellaneous purposes, and for not more than

119 1 the following full-time equivalent positions:

119 2 \$ 13,833,040

119 3 FTEs 294.00

119 4 2. Of the funds appropriated in this section, \$150,000 shall

119 5 be used to continue the contract for the provision of a program

119 6 to provide technical assistance, support, and consultation to

119 7 providers of habilitation services and home and community-based

119 8 services waiver services for adults with disabilities under the

119 9 medical assistance program.

119 10 3. Of the funds appropriated in this section, \$50,000

119 11 is transferred to the Iowa finance authority to be used

119 12 for administrative support of the council on homelessness

119 13 established in section 16.2D and for the council to fulfill its

119 14 duties in addressing and reducing homelessness in the state.

119 15 4. Of the funds appropriated in this section, \$200,000 shall

119 16 be transferred to and deposited in the administrative fund of

119 17 the Iowa ABLE savings plan trust created in section 12I.4, to

119 18 be used for implementation and administration activities of the

119 19 Iowa ABLE savings plan trust.

119 20 5. Of the funds appropriated in this section, \$200,000 is

119 21 transferred to the economic development authority for the Iowa

119 22 commission on volunteer services to continue to be used for the

119 23 RefugeeRISE AmeriCorps program established under section 15H.8

119 24 for member recruitment and training to improve the economic

119 25 well-being and health of economically disadvantaged refugees in

119 26 local communities across Iowa. Funds transferred may be used

119 27 to supplement federal funds under federal regulations.

119 28 7. Of the funds appropriated in this section, \$300,000 shall

119 29 be used to contract for children's well-being collaboratives

119 30 grants for the development and implementation of children's

119 31 well-being collaboratives to establish and coordinate

119 32 prevention and early intervention services to promote improved

119 33 mental health and well-being for children and families, as

119 34 enacted in 2017 Iowa Acts, chapter 174, section 88.

119 35 8. The department of human services shall submit the

120 1 strategic plan to create and implement a children's mental

120 2 health system submitted to the governor by the children's

120 3 system state board established by Executive Order Number Two

120 4 issued April 23, 2018, to the general assembly by November 15,

120 5 2018.

120 6 9. Notwithstanding section 8.33, moneys appropriated in

120 7 this section that remain unencumbered or unobligated at the

120 8 close of the fiscal year shall not revert but shall remain

120 9 available for expenditure for the purposes designated.

CODE: Permits nonreversion of funds appropriated in FY 2019 for General Administration, to be spent in any of the following ways:

- Used for technology needs and relocating IME.

120 10 including for technology needs and the relocation of the
 120 11 Iowa Medicaid enterprise, and may be transferred to the
 120 12 appropriations made in this division of this Act for the
 120 13 juvenile institution, the mental health institutes, or the
 120 14 state resource centers, to be used for the purposes of those
 120 15 appropriations, until the close of the succeeding fiscal year.

- Transferred to the juvenile institution, MHIs, or State resource centers.
- Retained and used for the purposes of the original appropriation.

120 16 STATE SUPPLEMENTARY ASSISTANCE

120 17 Sec. 115. 2018 Iowa Acts, chapter 1165, section 53,
 120 18 subsection 4, is amended to read as follows:

120 19 4. Notwithstanding section 8.33, moneys appropriated in
 120 20 this section that remain unencumbered or unobligated at the
 120 21 close of the fiscal year shall not revert but shall remain
 120 22 available for expenditure for the purposes designated,
 120 23 including for technology needs, and may be transferred to the
 120 24 appropriations made in this division of this Act for general
 120 25 administration, field operations, the juvenile institution, the
 120 26 mental health institutes, or the state resource centers, to be
 120 27 used for the purposes of those appropriations, until the close
 120 28 of the succeeding fiscal year.

CODE: Permits nonreversion of funds appropriated in FY 2019 for State Supplementary Assistance, to be spent in any of the following ways:

- Transferred to the General Administration or Field Operations appropriations for technology needs.
- Transferred to the juvenile institution, MHIs, or State resource centers.
- Retained and used for the purposes of the original appropriation.

120 29 Sec. 116. EFFECTIVE DATE. This division of this Act, being
 120 30 deemed of immediate importance, takes effect upon enactment.

120 31 Sec. 117. RETROACTIVE APPLICABILITY. This division of this
 120 32 Act applies retroactively to July 1, 2017.

Specifies the changes to nonreversion are effective upon enactment and retroactive to July 1, 2017.

120 33 DIVISION XXVIII

120 34 VACCINE AND IMMUNIZATION ADMINISTRATION — FUTURE REPEAL

120 35 Sec. 118. 2018 Iowa Acts, chapter 1142, section 8, is
 121 1 amended to read as follows:

121 2 SEC. 8. FUTURE REPEAL. Section 155A.44, Code 2018, is
 121 3 repealed effective July 1, ~~2019~~ 2020.

CODE: Delays the repeal of Vaccine and Immunization Administration authority in Iowa Code section [155A.44](#) until July 1, 2020.

121 4 Sec. 119. EFFECTIVE DATE. This division of this Act, being
 121 5 deemed of immediate importance, takes effect upon enactment.

Specifies the delay of the repeal for Vaccine and Immunization Administration is effective upon enactment.

Summary Data

General Fund

	Actual FY 2018 (1)	Estimated FY 2019 (2)	Supp-Final Action FY 2019 (3)	FY 2019 Estimated Net (4)	Gov Rec FY 2020 (5)	Final Action FY 2020 (6)	Final Action 2020 vs Est Net FY 19 (7)
Health and Human Services	\$ 1,761,239,648	\$ 1,821,769,375	\$ 150,300,000	\$ 1,972,069,375	\$ 1,920,888,698	\$ 1,937,186,761	\$ -34,882,614
Grand Total	<u><u>\$ 1,761,239,648</u></u>	<u><u>\$ 1,821,769,375</u></u>	<u><u>\$ 150,300,000</u></u>	<u><u>\$ 1,972,069,375</u></u>	<u><u>\$ 1,920,888,698</u></u>	<u><u>\$ 1,937,186,761</u></u>	<u><u>\$ -34,882,614</u></u>

Health and Human Services

General Fund

	Actual FY 2018 (1)	Estimated FY 2019 (2)	Supp-Final Action FY 2019 (3)	FY 2019 Estimated Net (4)	Gov Rec FY 2020 (5)	Final Action FY 2020 (6)	Final Action 2020 vs Est Net FY 19 (7)	Page and Line # (8)
<u>Aging, Iowa Department on</u>								
Aging, Dept. on								
Aging Programs	\$ 10,942,924	\$ 11,042,924	\$ 0	\$ 11,042,924	\$ 11,042,924	\$ 11,191,441	\$ 148,517	PG 2 LN 8
Office of LTC Ombudsman	1,149,821	1,149,821	0	1,149,821	1,149,821	1,149,821	0	PG 4 LN 17
Total Aging, Iowa Department on	\$ 12,092,745	\$ 12,192,745	\$ 0	\$ 12,192,745	\$ 12,192,745	\$ 12,341,262	\$ 148,517	
<u>Public Health, Department of</u>								
Public Health, Dept. of								
Addictive Disorders	\$ 24,804,344	\$ 24,804,344	\$ 0	\$ 24,804,344	\$ 25,110,594	\$ 25,110,000	\$ 305,656	PG 4 LN 35
Healthy Children and Families	5,284,599	5,820,625	0	5,820,625	5,820,625	5,817,057	-3,568	PG 6 LN 32
Chronic Conditions	3,546,757	4,528,109	0	4,528,109	4,228,109	4,223,519	-304,590	PG 9 LN 1
Community Capacity	2,351,879	4,970,152	0	4,970,152	4,970,152	5,594,677	624,525	PG 10 LN 32
Essential Public Health Services	7,660,942	7,662,464	0	7,662,464	7,962,464	7,662,464	0	PG 14 LN 3
Infectious Diseases	1,752,786	1,796,426	0	1,796,426	1,796,426	1,796,426	0	PG 14 LN 9
Public Protection	4,083,887	4,095,139	0	4,095,139	4,095,139	4,093,383	-1,756	PG 14 LN 15
Resource Management	971,215	971,215	0	971,215	971,215	971,215	0	PG 15 LN 20
Congenital & Inherited Disorders Registry	242,066	223,521	0	223,521	223,521	223,521	0	Standing
Total Public Health, Department of	\$ 50,698,475	\$ 54,871,995	\$ 0	\$ 54,871,995	\$ 55,178,245	\$ 55,492,262	\$ 620,267	
<u>Veterans Affairs, Department of</u>								
Veterans Affairs, Dept. of								
General Administration	\$ 1,115,580	\$ 1,150,500	\$ 0	\$ 1,150,500	\$ 1,225,500	\$ 1,225,500	\$ 75,000	PG 17 LN 1
Home Ownership Assistance Program	2,000,000	2,000,000	0	2,000,000	2,000,000	2,000,000	0	PG 17 LN 29
Veterans County Grants	938,025	990,000	0	990,000	990,000	990,000	0	PG 17 LN 35
Veterans Affairs, Dept. of	\$ 4,053,605	\$ 4,140,500	\$ 0	\$ 4,140,500	\$ 4,215,500	\$ 4,215,500	\$ 75,000	
Veterans Affairs, Dept. of								
Iowa Veterans Home	\$ 7,162,976	\$ 7,162,976	\$ 0	\$ 7,162,976	\$ 7,162,976	\$ 7,162,976	\$ 0	PG 17 LN 7
Total Veterans Affairs, Department of	\$ 11,216,581	\$ 11,303,476	\$ 0	\$ 11,303,476	\$ 11,378,476	\$ 11,378,476	\$ 75,000	
<u>Human Services, Department of</u>								
Assistance								
Family Investment Program/PROMISE JOBS	\$ 41,167,177	\$ 40,365,715	\$ 0	\$ 40,365,715	\$ 40,365,715	\$ 40,365,037	\$ -678	PG 25 LN 14
Medical Assistance	1,282,992,417	1,337,841,375	150,300,000	1,488,141,375	1,409,929,895	1,427,379,707	-60,761,668	PG 28 LN 27
Medical Contracts	17,312,207	16,603,198	0	16,603,198	17,992,530	17,992,530	1,389,332	PG 35 LN 14
State Supplementary Assistance	9,872,658	10,250,873	0	10,250,873	7,812,909	7,812,909	-2,437,964	PG 36 LN 23
State Children's Health Insurance	8,418,452	7,064,057	0	7,064,057	19,361,112	19,361,112	12,297,055	PG 37 LN 24
Child Care Assistance	39,343,616	40,816,931	0	40,816,931	40,816,931	40,816,931	0	PG 38 LN 11
Child and Family Services	85,880,913	84,939,774	0	84,939,774	89,078,185	89,071,761	4,131,987	PG 41 LN 18
Adoption Subsidy	40,777,910	40,445,137	0	40,445,137	40,596,007	40,596,007	150,870	PG 47 LN 15

Health and Human Services

General Fund

	Actual FY 2018	Estimated FY 2019	Supp-Final Action FY 2019	FY 2019 Estimated Net	Gov Rec FY 2020	Final Action FY 2020	Final Action 2020 vs Est Net FY 19	Page and Line #
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Family Support Subsidy	969,282	949,282	0	949,282	949,282	949,282	0	PG 49 LN 9
Conners Training	33,632	33,632	0	33,632	33,632	33,632	0	PG 49 LN 30
Volunteers	84,686	84,686	0	84,686	84,686	84,686	0	PG 56 LN 3
Child Abuse Prevention	207,437	232,570	0	232,570	232,570	232,570	0	Standing
Assistance	\$ 1,527,060,387	\$ 1,579,627,230	\$ 150,300,000	\$ 1,729,927,230	\$ 1,667,253,454	\$ 1,684,696,164	\$ -45,231,066	
Eldora Training School								
Eldora Training School	\$ 11,350,443	\$ 12,762,443	\$ 0	\$ 12,762,443	\$ 13,920,907	\$ 13,920,757	\$ 1,158,314	PG 40 LN 19
Cherokee								
Cherokee MHI	\$ 13,870,254	\$ 13,870,254	\$ 0	\$ 13,870,254	\$ 14,216,149	\$ 14,216,149	\$ 345,895	PG 50 LN 11
Independence								
Independence MHI	\$ 17,513,621	\$ 17,513,621	\$ 0	\$ 17,513,621	\$ 19,165,110	\$ 19,165,110	\$ 1,651,489	PG 50 LN 21
Glenwood								
Glenwood Resource Center	\$ 17,887,781	\$ 16,858,523	\$ 0	\$ 16,858,523	\$ 16,048,348	\$ 16,048,348	\$ -810,175	PG 51 LN 18
Woodward								
Woodward Resource Center	\$ 12,077,034	\$ 11,386,679	\$ 0	\$ 11,386,679	\$ 10,872,356	\$ 10,872,356	\$ -514,323	PG 51 LN 21
Cherokee CCUSO								
Civil Commitment Unit for Sexual Offenders	\$ 9,464,747	\$ 10,864,747	\$ 0	\$ 10,864,747	\$ 12,053,093	\$ 12,053,093	\$ 1,188,346	PG 52 LN 30
Field Operations								
Child Support Recovery	\$ 12,586,635	\$ 14,586,635	\$ 0	\$ 14,586,635	\$ 14,749,697	\$ 14,749,368	\$ 162,733	PG 27 LN 19
Field Operations	48,484,435	49,074,517	0	49,074,517	53,923,195	55,396,906	6,322,389	PG 53 LN 26
Field Operations	\$ 61,071,070	\$ 63,661,152	\$ 0	\$ 63,661,152	\$ 68,672,892	\$ 70,146,274	\$ 6,485,122	
General Administration								
General Administration	\$ 14,033,040	\$ 13,833,040	\$ 0	\$ 13,833,040	\$ 13,833,040	\$ 13,833,040	\$ 0	PG 54 LN 10
DHS Facilities	2,879,274	2,879,274	0	2,879,274	2,879,274	2,879,274	0	PG 55 LN 29
Commission of Inquiry	1,394	1,394	0	1,394	1,394	1,394	0	Standing
Nonresident Mental Illness Commitment	22,802	142,802	0	142,802	142,802	142,802	0	Standing
Corporate Technology	0	0	0	0	2,530,413	0	0	
General Administration	\$ 16,936,510	\$ 16,856,510	\$ 0	\$ 16,856,510	\$ 19,386,923	\$ 16,856,510	\$ 0	
Total Human Services, Department of	\$ 1,687,231,847	\$ 1,743,401,159	\$ 150,300,000	\$ 1,893,701,159	\$ 1,841,589,232	\$ 1,857,974,761	\$ -35,726,398	

Health and Human Services

General Fund

	Actual FY 2018 (1)	Estimated FY 2019 (2)	Supp-Final Action FY 2019 (3)	FY 2019 Estimated Net (4)	Gov Rec FY 2020 (5)	Final Action FY 2020 (6)	Final Action 2020 vs Est Net FY 19 (7)	Page and Line # (8)
<u>Regents, Board of</u>								
Regents, Board of								
UIHC - Rural Psychiatry Residencies	\$ 0	\$ 0	\$ 0	\$ 0	\$ 400,000	\$ 0	\$ 0	
UIHC - Psychiatric Training	0	0	0	0	150,000	0	0	
Total Regents, Board of	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 550,000</u>	<u>\$ 0</u>	<u>\$ 0</u>	
Total Health and Human Services	<u>\$ 1,761,239,648</u>	<u>\$ 1,821,769,375</u>	<u>\$ 150,300,000</u>	<u>\$ 1,972,069,375</u>	<u>\$ 1,920,888,698</u>	<u>\$ 1,937,186,761</u>	<u>\$ -34,882,614</u>	

Summary Data

Other Funds

	Actual FY 2018 (1)	Estimated FY 2019 (2)	Supp-Final Action FY 2019 (3)	FY 2019 Estimated Net (4)	Gov Rec FY 2020 (5)	Final Action FY 2020 (6)	Final Action 2020 vs Est Net FY 19 (7)
Health and Human Services	\$ 430,206,138	\$ 412,814,411	\$ 251,315	\$ 413,065,726	\$ 436,692,527	\$ 431,772,527	\$ 18,706,801
Grand Total	\$ 430,206,138	\$ 412,814,411	\$ 251,315	\$ 413,065,726	\$ 436,692,527	\$ 431,772,527	\$ 18,706,801

Health and Human Services

Other Funds

	Actual FY 2018 (1)	Estimated FY 2019 (2)	Supp-Final Action FY 2019 (3)	FY 2019 Estimated Net (4)	Gov Rec FY 2020 (5)	Final Action FY 2020 (6)	Final Action 2020 vs Est Net FY 19 (7)	Page and Line # (8)
Human Services, Department of								
General Administration								
FIP - TANF	\$ 4,539,006	\$ 4,539,006	\$ -513,898	\$ 4,025,108	\$ 4,524,006	\$ 4,524,006	\$ 498,898	PG 18 LN 22
PROMISE JOBS - TANF	5,412,060	5,412,060	-220,000	5,192,060	5,412,060	5,412,060	220,000	PG 18 LN 26
FaDSS - TANF	2,883,980	2,883,980	15,000	2,898,980	2,898,980	2,898,980	0	PG 18 LN 31
Field Operations - TANF	31,296,232	31,296,232	1,169,449	32,465,681	31,296,232	31,296,232	-1,169,449	PG 19 LN 7
General Administration - TANF	3,744,000	3,744,000	0	3,744,000	3,744,000	3,744,000	0	PG 19 LN 9
Child Care Assistance - TANF	53,603,561	47,166,826	0	47,166,826	47,166,826	47,166,826	0	PG 19 LN 11
Child & Family Services - TANF	32,380,654	32,380,654	0	32,380,654	32,380,654	32,380,654	0	PG 19 LN 32
Child Abuse Prevention - TANF	125,000	125,000	0	125,000	125,000	125,000	0	PG 19 LN 34
Training & Technology - TANF	294,155	1,037,186	-175,000	862,186	1,037,186	1,037,186	175,000	PG 20 LN 17
General Administration	\$ 134,278,648	\$ 128,584,944	\$ 275,551	\$ 128,860,495	\$ 128,584,944	\$ 128,584,944	\$ -275,551	
Assistance								
Pregnancy Prevention - TANF	\$ 1,913,203	\$ 1,913,203	\$ -23,000	\$ 1,890,203	\$ 1,913,203	\$ 1,913,203	\$ 23,000	PG 20 LN 1
Categorical Eligibility SNAP - TANF	14,236	14,236	-1,236	13,000	14,236	14,236	1,236	PG 21 LN 18
Medical Assistance - HCTF	221,900,000	209,730,000	0	209,730,000	213,380,000	208,460,000	-1,270,000	PG 28 LN 9
Medical Contracts - PSA	864,257	1,446,266	0	1,446,266	234,193	234,193	-1,212,073	PG 66 LN 17
Medical Assistance - QATF	36,705,208	36,705,208	0	36,705,208	58,570,397	58,570,397	21,865,189	PG 66 LN 28
Medical Assistance - HHCAT	33,920,554	33,920,554	0	33,920,554	33,920,554	33,920,554	0	PG 67 LN 5
Medicaid Supplemental - MFF	610,032	500,000	0	500,000	75,000	75,000	-425,000	PG 28 LN 18
Assistance	\$ 295,927,490	\$ 284,229,467	\$ -24,236	\$ 284,205,231	\$ 308,107,583	\$ 303,187,583	\$ 18,982,352	
Total Human Services, Department of	\$ 430,206,138	\$ 412,814,411	\$ 251,315	\$ 413,065,726	\$ 436,692,527	\$ 431,772,527	\$ 18,706,801	
Total Health and Human Services	\$ 430,206,138	\$ 412,814,411	\$ 251,315	\$ 413,065,726	\$ 436,692,527	\$ 431,772,527	\$ 18,706,801	

Summary Data

FTE Positions

	Actual FY 2018 (1)	Estimated FY 2019 (2)	Supp-Final Action FY 2019 (3)	FY 2019 Estimated Net (4)	Gov Rec FY 2020 (5)	Final Action FY 2020 (6)	Final Action 2020 vs Est Net FY 19 (7)
Health and Human Services	4,127.45	4,350.56	0.00	4,350.56	4,407.05	4,606.50	255.94
Grand Total	<u>4,127.45</u>	<u>4,350.56</u>	<u>0.00</u>	<u>4,350.56</u>	<u>4,407.05</u>	<u>4,606.50</u>	<u>255.94</u>

Health and Human Services

FTE Positions

	Actual FY 2018 (1)	Estimated FY 2019 (2)	Supp-Final Action FY 2019 (3)	FY 2019 Estimated Net (4)	Gov Rec FY 2020 (5)	Final Action FY 2020 (6)	Final Action 2020 vs Est Net FY 19 (7)	Page and Line # (8)
<u>Aging, Iowa Department on</u>								
Aging, Dept. on								
Aging Programs	16.89	18.00	0.00	18.00	21.00	27.00	9.00	PG 2 LN 8
Office of LTC Ombudsman	12.25	11.00	0.00	11.00	11.00	16.00	5.00	PG 4 LN 17
Total Aging, Iowa Department on	<u>29.15</u>	<u>29.00</u>	<u>0.00</u>	<u>29.00</u>	<u>32.00</u>	<u>43.00</u>	<u>14.00</u>	
<u>Public Health, Department of</u>								
Public Health, Dept. of								
Addictive Disorders	7.91	11.00	0.00	11.00	11.00	12.00	1.00	PG 4 LN 35
Healthy Children and Families	10.12	13.00	0.00	13.00	13.00	14.00	1.00	PG 6 LN 32
Chronic Conditions	4.87	9.00	0.00	9.00	9.00	9.00	0.00	PG 9 LN 1
Community Capacity	6.59	13.00	0.00	13.00	13.00	13.00	0.00	PG 10 LN 32
Infectious Diseases	1.74	4.00	0.00	4.00	4.00	4.00	0.00	PG 14 LN 9
Public Protection	132.20	141.50	0.00	141.50	140.50	142.00	0.50	PG 14 LN 15
Resource Management	3.52	4.00	0.00	4.00	4.00	4.00	0.00	PG 15 LN 20
Total Public Health, Department of	<u>166.95</u>	<u>195.50</u>	<u>0.00</u>	<u>195.50</u>	<u>194.50</u>	<u>198.00</u>	<u>2.50</u>	
<u>Veterans Affairs, Department of</u>								
Veterans Affairs, Dept. of								
General Administration	12.60	13.50	0.00	13.50	13.50	15.00	1.50	PG 17 LN 1
Total Veterans Affairs, Department of	<u>12.60</u>	<u>13.50</u>	<u>0.00</u>	<u>13.50</u>	<u>13.50</u>	<u>15.00</u>	<u>1.50</u>	

Health and Human Services

FTE Positions

	Actual FY 2018 (1)	Estimated FY 2019 (2)	Supp-Final Action FY 2019 (3)	FY 2019 Estimated Net (4)	Gov Rec FY 2020 (5)	Final Action FY 2020 (6)	Final Action 2020 vs Est Net FY 19 (7)	Page and Line # (8)
Human Services, Department of								
Assistance								
Family Investment Program/PROMISE JOBS	8.51	8.00	0.00	8.00	8.00	8.00	0.00	PG 25 LN 14
Medical Assistance	10.57	11.01	0.00	11.01	11.00	11.00	-0.01	PG 28 LN 27
Medical Contracts	2.54	0.00	0.00	0.00	0.00	0.00	0.00	PG 35 LN 14
Child Care Assistance	2.30	0.00	0.00	0.00	0.00	0.00	0.00	PG 38 LN 11
Child and Family Services	4.76	0.00	0.00	0.00	0.00	0.00	0.00	PG 41 LN 18
Assistance	28.68	19.01	0.00	19.01	19.00	19.00	-0.01	
Eldora Training School								
Eldora Training School	166.02	189.30	0.00	189.30	192.30	207.00	17.70	PG 40 LN 19
Cherokee								
Cherokee MHI	147.28	149.00	0.00	149.00	155.50	169.00	20.00	PG 50 LN 11
Independence								
Independence MHI	180.39	179.85	0.00	179.85	183.35	208.00	28.15	PG 50 LN 21
Glenwood								
Glenwood Resource Center	702.98	771.50	0.00	771.50	771.50	771.50	0.00	PG 51 LN 18
Woodward								
Woodward Resource Center	500.96	545.00	0.00	545.00	545.00	545.00	0.00	PG 51 LN 21
Cherokee CCUSO								
Civil Commitment Unit for Sexual Offenders	100.26	124.00	0.00	124.00	131.00	139.00	15.00	PG 52 LN 30
Field Operations								
Child Support Recovery	408.84	417.00	0.00	417.00	417.00	459.00	42.00	PG 27 LN 19
Field Operations	1,440.75	1,438.00	0.00	1,438.00	1,473.50	1,539.00	101.00	PG 53 LN 26
Field Operations	1,849.59	1,855.00	0.00	1,855.00	1,890.50	1,998.00	143.00	
General Administration								
General Administration	242.62	279.90	0.00	279.90	273.90	294.00	14.10	PG 54 LN 10
Total Human Services, Department of	3,918.76	4,112.56	0.00	4,112.56	4,162.05	4,350.50	237.94	

Health and Human Services

FTE Positions

	Actual FY 2018 (1)	Estimated FY 2019 (2)	Supp-Final Action FY 2019 (3)	FY 2019 Estimated Net (4)	Gov Rec FY 2020 (5)	Final Action FY 2020 (6)	Final Action 2020 vs Est Net FY 19 (7)	Page and Line # (8)
<u>Regents, Board of</u>								
Regents, Board of								
UIHC - Rural Psychiatry Residencies	0.00	0.00	0.00	0.00	4.00	0.00	0.00	
UIHC - Psychiatric Training	0.00	0.00	0.00	0.00	1.00	0.00	0.00	
Total Regents, Board of	0.00	0.00	0.00	0.00	5.00	0.00	0.00	
Total Health and Human Services	4,127.45	4,350.56	0.00	4,350.56	4,407.05	4,606.50	255.94	